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MEDICARE/MEDICAID NURSING HOME INFORMATION

TEXAS

PART 1

ABILENE TO COLORADO CITY

U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

88/89

MEDICARE/MEDICAID NURSING HOME INFORMATION

1988-1989

TEXAS

Part 1

Abilene-Colorado City

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Secretary
U.S. Department of Health & Human Services

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I

The Health Care Financing Administration (HCFA) was established on March 9, 1977, to combine health financing and quality assurance programs into a single agency. HCFA is responsible for the Medicare program, Federal participation in the Medicaid program, the Peer Review Organization program, the survey and certification program, and a variety of other health care quality assurance programs.

The mission of HCFA is to ensure the effective administration of its programs in order to promote the timely delivery of appropriate, quality health care to over 59 million of the nation's aged, disabled and poor. The agency must also ensure that beneficiaries are aware of the services for which they are eligible, that those services are accessible and of high quality and that agency policies and actions promote efficiency and quality within the total health care delivery system.

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INTRODUCTION

The Health Care Financing Administration is the Federal agency responsible for the Medicare and Medicaid programs. We have a responsibility to provide the public with a wide range of information about the health care paid for through these programs. This second edition of the Medicare/Medicaid Nursing Home Information report is part of our continuing commitment to provide needed information to the public in an understandable and usable form.

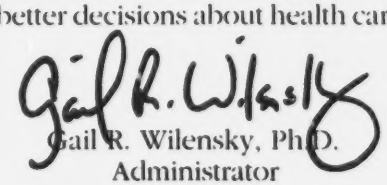
Clearly, nursing homes are an area of critical concern to many Medicare and Medicaid beneficiaries, their families and the public in general. There is no more important area where information is needed to help consumers make informed decisions and to provide the health care community with information on its performance. The information should also be helpful to a wide range of individuals and organizations, including nursing home administrators, physicians, ombudsmen and researchers. Among these audiences, we expect that the nursing home administrator and ombudsman will find the information most useful, primarily as a screening tool to evaluate a facility's strengths and weaknesses. We present this information in the hope that it will serve the public and nursing homes in their common interest of improving quality of care.

As with the 1987/1988 edition of Medicare Medicaid Nursing Home Information, this publication provides extensive information on individual nursing homes. It also provides background materials on Federal and State enforcement programs. This year we are including information concerning State or Federal compliance actions taken against a facility as a result of either of its last two surveys. Each State has identified a specific organizational contact and phone number for handling public inquiries about any compliance actions. In addition, this year's report includes 2 years of survey results for each of the selected 32 performance indicators. It also contains a list of Federal requirements that each facility failed to meet during its latest survey that most directly affect resident care. This provides a more complete look at the nursing home's recent performance history.

Please keep in mind that the primary purpose of this report is to provide a solid basis for further inquiry. It is neither the final, definitive word on nursing home performance nor a comprehensive guide to the selection of a nursing home. When properly understood and used, this information can be quite valuable; it can also be misleading if interpreted incorrectly. To use the information properly, you should read the introductory material carefully, particularly the sections on uses and limitations and how to read the profiles. These sections will assist you in correctly interpreting and making the best use of the material.

Because we recognize the limitations of the information, especially in making individual judgments on specific nursing homes, we have included a section entitled "Further Considerations." This section is designed to help individuals ask questions and obtain additional information to assist them in making personal decisions about nursing homes.

We realize that the task of selecting the most appropriate nursing home for an individual's needs is not an easy one. You will find this information to be a valuable source document. We trust that with better information, you will make better decisions about health care issues.



Gail R. Wilensky, Ph.D.
Administrator

USES AND LIMITATIONS

Uses

The primary purpose of this report is to provide a ready source of understandable information about the population and performance of nursing homes. The information is most useful as a basis of inquiry, to assist in asking questions about individual facilities, trends and the enforcement process.

The information presented in this report is taken from the survey reports State surveyors fill out during their annual inspections of each nursing home that participates in Medicare and/or Medicaid. Copies of the full reports are available through the individual State survey agencies. The information describes the conditions observed in the nursing home at the time of its most recent survey. It includes both:

- o general information about a nursing home's population and the characteristics and care needs of its residents; and

- o specific information about a nursing home's performance in terms of whether it was found to meet certain Federal requirements that provide some insight as to what kind of care the residents receive.

Making this information more accessible and understandable will benefit both the general public and the nursing home community. This type of information can help potential consumers first to ask knowledgeable questions of their physicians, nursing home representatives and consumer ombudsmen and then to make informed decisions in the selection of a nursing home.

For example, the information will allow comparisons to be made among facilities as to the proportion of residents with severe skin problems, such as bed sores or other skin breakdowns. It is important to note, however, that while a high proportion of such residents might be indicative of poor quality care, it could also mean that the facility has special expertise in handling such problems and doctors refer their patients there. The consumer could then check related performance indicators (i.e., each resident receives care necessary to prevent skin breakdown; and each resident with a bed sore receives care necessary to promote the healing of the bed sore) to determine whether surveyors had identified any problems in this area and ask nursing home staff why so many residents were in need of special skin care. A subsequent section of this report (see "Further Considerations") provides an illustrative list of the types of questions that potential consumers and/or their families might ask in the course of selecting a nursing home.

We expect that nursing homes individually and as an industry will find the information useful. It will provide information which will allow each facility to determine the health status of its residents in relation to other facilities in the State and the nation. It will also allow each facility to compare its compliance at the time of survey with the compliance of other nursing homes in the State and the nation. The information will also provide a valuable insight into the consistency of standards enforcement within a State and across the country.

Limitations

When properly understood and used, this information can be of significant value. However, responsible use of the information depends on a thorough understanding of its limitations.

First, any valid interpretation of this information must take into account that the information comprises the individual judgments of more than 3,000 surveyors in 53 separate State survey agencies. Variations in the deficiency information may in part reflect differences among States and individual surveyors in how requirements are interpreted and applied, rather than genuine differences in facility performance. Similarly, care practices in the field may vary from area to area and differences in the information may reflect these variations as well.

Second, the deficiency findings are not a complete picture of the quality of care rendered by a nursing home. Deficiency findings are a measure of compliance or non-compliance with a particular requirement, and the requirements are minimum standards that nursing homes must meet to participate in Medicare and/or Medicaid. The absence of a deficiency means that the home met the minimum standard at the time of survey, but the information cannot identify nursing homes that are providing outstanding quality care.

A third limitation stems from the periodic nature of a deficiency-based survey process. Findings are recorded in the course of the survey and thus reflect a "snapshot" of the conditions in the nursing home at that time. The information does not describe the home's success or failure in taking prompt corrective action to remedy problems. Similarly, there is no guarantee that those items in compliance with Federal requirements at the time of survey have remained in compliance.

The information reflects neither the duration nor the severity of identified deficiencies. A problem may represent a one-time failure of a single staff person, or it may represent an ongoing failure of the facility to provide acceptable quality care.

Finally, the information in this report does not reflect any changes in Federal requirements resulting from recent changes in the law. The new laws and regulations that would affect the content of this report will be effective on October 1, 1990.

DESCRIPTION OF SURVEY AND CERTIFICATION PROCESS

The process of qualifying nursing homes for participation in the Medicare and/or Medicaid programs is known as the survey and certification process. Nursing homes that are approved to take part in Medicare and/or Medicaid and therefore qualified to receive Federal and State funds are required to meet standards set by Federal regulations. These standards are the way the Federal and State governments make sure that nursing homes that receive public monies provide quality care to residents. The standards are developed by the Health Care Financing Administration (HCFA), Department of Health and Human Services (DHHS). The State survey agency in each State inspects (surveys) nursing homes to make sure they meet health, safety, and quality standards. The surveyors are State employees who use Federal forms and standards. HCFA pays States for this survey activity. States also pay a share of the cost of surveying facilities that participate in the Medicaid program. Information from these surveys is stored in a centralized computer system in Baltimore, Maryland, which is the headquarters of HCFA. The information published in this report was obtained from this system.

The State survey agencies are required to inspect nursing homes at least once a year and report their findings to State and Federal officials. During a survey, a team of surveyors tours a nursing home and looks at all areas of the nursing home that affect the quality of care that residents receive. The size and composition of survey teams, as well as the duration of surveys, varies in different States and in facilities of different sizes.

Surveyors observe how care is actually given to residents. Surveyors interview a sample of the residents and review their medical records. They evaluate the preparation of meals and eating assistance techniques. They check whether residents get prescribed medications in the proper dosage at the correct times. Surveyors also review the records of nursing homes, interview nursing home staff, and observe the nursing home for cleanliness, comfort and safety. These are some examples of what surveyors do when they inspect a nursing home.

The surveyors record their findings on Federal forms. When the survey is completed, they meet with the nursing home officials to discuss their findings. If problems were found by the surveyors, the nursing home must submit a written plan of correction telling how it plans to correct the problems. If a nursing home is found to have problems, it is given a reasonable amount of time to correct them. State survey agencies use various methods of follow-up review, including revisiting the home to assure that the needed correction has taken place.

If the problems are serious enough to threaten the health and safety of the residents and/or a nursing home fails to correct the problems, the home will not be allowed to continue to participate in the Medicare and/or Medicaid programs. Short of this action, HCFA and the States can also employ an array of other enforcement actions to bring about compliance with State and Federal requirements. Examples of possible actions include monetary fines, bans on new admissions, transfer of residents to other facilities, or placement of the facility in a receivership (i.e., temporary government-ordered management). A description of the certification and licensure program specific to this State is provided in the following section of this report.

SOURCES OF INFORMATION

There are many sources you can go to in order to find out about a particular nursing home or about nursing homes in general. The best sources of information will likely be the State Health Department, the local or State long-term care ombudsman program or Agency on Aging. The ombudsman programs were established under the Older Americans Act to assist nursing home residents and those who represent them. See the "State Government" section below for information on how to contact the State long-term care ombudsman program.

Many other agencies and organizations have information on homes in order to make referrals to the public. It may be necessary to obtain information from several organizations before you find the information that you need or want.

Public and General Sources

There are many public and general sources of information on nursing homes. Some of these are:

- o Social services departments in local hospitals;
- o Nursing home provider associations like the American Health Care Association or the American Association of Homes for the Aging;
- o State nursing home associations;
- o City or county welfare departments;
- o Religious groups; and
- o Better Business Bureau, local consumer protection offices, and other consumer information groups.

Others who can offer valuable advice include physicians, social workers, clergymen and friends or relatives who have placed someone in a nursing home.

State/Federal Compliance Actions

A compliance action is any penalty imposed on a facility as a result of its inspection findings. These penalties could include a variety of actions under State licensure laws, such as the imposition of a fine, the revocation of a facility's license, or in the case of a penalty imposed on a facility as a result of a direct Federal survey, a ban on admissions. Given the possible number and types of actions (penalties) available to each State, it is impossible to describe here what specific actions may have been taken against a particular facility. Please see the following State specific information for further details regarding compliance actions available to individual States and how to contact the State survey agency for information about a compliance action in a particular facility. Refer to block 7 at the top of page 1 of each Nursing Home profile to determine if the facility was subject to a compliance action.

State Government

The following pages give a description of the State licensure and enforcement programs. They also contain information about State government offices that you can contact to obtain information about nursing homes and about the State long-term care ombudsman program.

Texas Department of Health

Robert Bernstein M.D. F.A.C.P.
Commissioner

1100 West 49th Street
Austin, Texas 78756-3199
(512) 458-7111

Robert A. MacLean M.D.
Deputy Commissioner
Professional Services

Hermas L. Miller
Deputy Commissioner
Management and Administration

TEXAS LONG TERM CARE INSPECTION SYSTEM

* Overview of nursing home licensure programs: Texas has had nursing home licensure since 1953 to assure safe and adequate treatment of individuals in institutions. This program is administered by the Bureau of Long Term Care with inspection personnel located in 25 offices throughout the state. Field offices are under the Regional Medical Director. Generally two major unannounced visits are conducted annually. Licensure activities and Medicare/Medicaid visits are conducted simultaneously.

* Overview of enforcement systems: The licensing agency through the licensure law and Medicare/Medicaid systems may select any number of remedies when deficiencies are noted. The specific action taken is based on findings and professional decision as to the required remedy. Enforcement options include:

  * Citation of the violation
  * Administrative penalty for selected violations - monetary fine.
  * Withholding of Medicaid funds
  * Denial of certification for Medicare/Medicaid participation
  * Court appointed trustee to assume facility operation
  * Closure of facility and relocation of residents

* Resources: The Texas Department of Health, Bureau of Long Term Care maintains an information service toll-free hotline for individuals to register complaints, request inspection reports, request general information, or seek assistance in any matter relating to nursing homes. This telephone is manned during regular work hours and is on a recorder at other times.

The toll-free number is 1-800-252-9106.

Federal Government

Some agencies of the Department of Health and Human Services (DHHS) also have information about nursing homes. These agencies include:

Office of the Inspector General (OIG)

The mission of the OIG is to maintain the integrity of DHHS' programs by investigating any reports of fraud, waste or abuse by doctors, hospitals or other providers of health care services such as nursing homes.

If you have reason to believe that the health care service provider is performing unnecessary or inappropriate services or is billing Medicare for services you did not receive, a toll-free Hot Line has been installed by the Department of Health and Human Services' Inspector General.

Toll Free Numbers
Outside Maryland: 1-(800) 368-5779
Inside Maryland: 1-(800) 638-3986

Note: Medicaid issues should first be referred to the appropriate State agency before contacting the OIG Hot Line. In most States, the State fraud and abuse units can be located through the State Office of the Attorney General.

Administration on Aging (AoA)

The mission of the AoA is to administer the programs and related provisions of the Older Americans Act in a manner which:

1) creates and supports a national network on aging;
2) develops and oversees a responsive system of services and opportunities to meet the needs of the elderly; and
3) serves as a visible advocate on behalf of the elderly in the entire nation.

The regional AoA offices listed below can help to put you in touch with the appropriate State or local authorities, depending on the nature of your inquiry or concern.

AoA Regional Offices

Regional Program Director, AoA
DHHS Region I
Room 2011
JFK Federal Building
Boston, MA 02203
(617) 565-1158

Regional Program Director, AoA
DHHS Region II
Room 4149
26 Federal Plaza
New York, NY 10278
(212) 264-2977

Regional Program Director, AoA
DHHS Region III
3535 Market Street
P.O. Box 13716
Philadelphia, PA 19101
(215) 596-0334

Regional Program Director, AoA
DHHS Region IV
Suite 903
101 Marietta Tower
Atlanta, GA 30323
(404) 331-5900

Regional Program Director, AoA
DHHS Region V
21st Floor
105 West Adams Street
Chicago, IL 60603
(312) 353-3141

Regional Program Director, AoA
DHHS Region VI
Room 1000
1200 Main Tower Building
Dallas, TX 75202
(214) 767-2971

Regional Program Director, AoA
DHHS Region VII
Room 384
601 East 12th Street
Kansas City, MO 64106
(816) 426-2955

Regional Program Director, AoA
DHHS Region VIII
Room 1185
Federal Office Building
1961 Stout Street
Denver, CO 80294-3538
(303) 844-2951

Regional Program Director, AoA
DHHS Region IX
Room 480
Federal Office Building
United Nations Plaza
San Francisco, CA 94102
(415) 556-6003

Regional Program Director, AoA
DHHS Region X
2201 Sixth Avenue
Mail Stop RX 33
Seattle, WA 98121
(206) 442-5341

Office for Civil Rights (OCR)

The mission of the OCR is to enforce civil rights statutes that prohibit discrimination in DHHS' programs and to generate voluntary compliance. You may wish to contact an OCR office to report incidents of discrimination by a nursing home or to check on a facility's previous record in this regard.

OCR Regional Offices

Regional Manager, OCR
DHHS Region I
Room 2403
JFK Federal Building
Boston, MA 02203
(617) 565-1340

Regional Manager, OCR
DHHS Region II
Room 3312
26 Federal Plaza
New York, NY 10278
(212) 264-3313

Regional Manager, OCR
DHHS Region III
3535 Market Street
P.O. Box 13716
Room 6300
Philadelphia, PA 19101
(215) 596-1262

Regional Manager, OCR
DHHS Region IV
101 Marietta Tower
Room 1502
Atlanta, GA 30323
(404) 331-2779

Regional Manager, OCR
DHHS Region V
16th Floor
105 West Adams Street
Chicago, IL 60603
(312) 886-2359

Regional Manager, OCR
DHHS Region VI
Room 1360
1200 Main Tower Building
Dallas, TX 75202
(214) 767-4056

Regional Manager, OCR
DHHS Region VII
Room 248
601 East 12th Street
Kansas City, MO 64106
(816) 426-7277

Regional Manager, OCR
DHHS Region VIII
Room 844
Federal Office Building
1961 Stout Street
Denver, CO 80294-3538
(303) 844-2024

Regional Manager, OCR
DHHS Region IX
Room 322
Federal Office Building
50 United Nations Plaza
San Francisco, CA 94102
(415) 556-8586

Regional Manager, OCR
DHHS Region X
2201 Sixth Avenue
Mail Stop RX 11
Seattle, WA 98121
(206) 442-0473

Health Care Financing Administration (HCFA)

The mission of the HCFA is to administer the Medicare and Medicaid programs in a manner which promotes:

1) quality health care to eligible beneficiaries;
2) awareness of the services for which beneficiaries are eligible; and
3) efficiency and quality within the total health care delivery system.

Listed below are the HCFA offices responsible for overseeing the State survey and certification programs:

Associate Regional Administrator
DHHS Region I, HCFA
Division of Health Standards and Quality
JFK Federal Building
Room 1211
Boston, MA 02203
(617) 565-1331

Associate Regional Administrator
DHHS Region II, HCFA
Division of Health Standards and Quality
26 Federal Plaza
Room 3821
New York, NY 10278
(212) 264-1121

Associate Regional Administrator
DHHS Region III, HCFA
Division of Health Standards and Quality
P.O. Box 7760
Philadelphia, PA 19101
(215) 596-6571

Associate Regional Administrator
DHHS Region IV, HCFA
Division of Health Standards and Quality
101 Marietta Tower, Suite 601
Atlanta, GA 30323
(404) 331-2361

Associate Regional Administrator
DHHS Region V, HCFA
Division of Health Standards and Quality
15th Floor
105 West Adams Street
Chicago, IL 60603
(312) 353-9805

Associate Regional Administrator
DHHS Region VI, HCFA
Division of Health Standards and Quality
1200 Main Tower Building
Room 2000
Dallas, TX 75202
(214) 767-6301

Associate Regional Administrator
DHHS Region VII, HCFA
Division of Health Standards and Quality
Room 242
601 East 12th Street
Kansas City, MO 64106
(816) 426-2408

Associate Regional Administrator
DHHS Region VIII, HCFA
Division of Health Standards and Quality
Federal Office Building, Room 1185
1961 Stout Street
Denver, CO 80294-3538
(303) 844-4721

Associate Regional Administrator
DHHS Region IX, HCFA
Division of Health Standards and Quality
75 Hawthorne Street
San Francisco, CA 94105
(415) 744-3679

Associate Regional Administrator
DHHS Region X, HCFA
Division of Health Standards and Quality
2201 Sixth Avenue, Mail Stop RX 42
Seattle, WA 98121
(206) 442-0511

If you wish to contact any of the DHHS agencies, the following list outlines which DHHS regional office has responsibility for your State:

Region I/Boston

Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont

Region II/New York

New Jersey, New York, Puerto Rico, and Virgin Islands

Region III/Philadelphia

Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia

Region IV/Atlanta

Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina South Carolina and Tennessee

Region V/Chicago

Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin

Region VI/Dallas

Arkansas, Louisiana, New Mexico, Oklahoma, and Texas

Region VII/Kansas City

Iowa, Kansas, Missouri, and Nebraska

Region VIII/Denver

Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming

Region IX/San Francisco

Arizona, California, Hawaii, Nevada, American Samoa, and Guam

Region X/Seattle

Alaska, Idaho, Oregon, and Washington

FURTHER CONSIDERATIONS

The information presented in this report can be an important source for potential nursing home consumers and their families to consult during the process of selecting a nursing home. It is also important that potential consumers and their families ask questions of their physicians, nursing home personnel and consumer representatives (such as local long-term care ombudsmen) to help guide them in selecting the best possible facility to meet their needs. The best way to find out about a nursing home is to take the time to visit the home in person, if possible, before you make your choice.

Listed below are some examples of the kinds of questions that potential nursing home consumers should ask before selecting a home and some things you should do to find out about the home during your visit. These questions are intended to augment the information contained in this report. Keep in mind that they are not a comprehensive list but an illustrative list of suggested issues that should be considered in choosing a nursing home.

General

- Find out who owns the home and whether it is approved for participation in the Medicare or Medicaid programs.
- Make an appointment to visit the home. Meet with the administrator, the director of nursing and the director of social services and ask them about the history of the home and the services it offers.
- Ask about the home's last survey, what problems were found and if and how they have been corrected.
- Ask whether the facility has been surveyed since the survey described in the report. You can ask to see the survey results.
- Ask whether the State has initiated any punitive actions against the home in the last 2 years, and if so, what actions were taken and how they were resolved. You may want to verify this information through other sources such as the State nursing home ombudsman.
- Ask about the home's admission policies and ask for a copy of any admission agreement that is required.
- Ask to see a copy of the home's residents' rights policy. Does the facility have any special programs/procedures to help educate residents and staff about their rights? You can observe for yourself during your visit how well the home is honoring these rights.
- Ask about the home's basic daily rate and what is included in the charges. Also ask how the home handles residents' personal funds, if such assistance is necessary.
- Find out about the home's visiting hours and how much choice residents have as to the time they get up, eat and go to bed.
- See if residents look well cared for and properly groomed. Do staff treat the residents with courtesy and respect? If the opportunity arises, chat with a resident or two to get their impressions.
- Find out if the home has an organized resident council or other type of resident group. How often does it meet and what are some of its activities and accomplishments? Also, is there an organized family council that family members can participate in?

Physical Environment

- Ask for a tour of the facility and try to see all the major areas of the home, including dining areas and some residents' rooms.
- Note whether the home is an attractive, clean and comfortable place to be. Is it well-lit and ventilated and free of potential health hazards such as obstacles in hallways or underfoot? Is it free from insects and rodents?
- Note how the rooms accommodate individual resident preferences.
- Look at the residents' lounge and other common areas and see if they look comfortable and whether they are used by residents. Do residents have the opportunity to sit outdoors in comfortable, safe surroundings?
- Check toilet and bathing facilities and note whether they are clean, sanitary and reasonably free of odors. Are they easily accessible to handicapped residents?
- Note whether residents' rooms have windows and access to the corridor. Does each resident have a reading light, comfortable chair, sufficient closet space? How many people are in each room and are there privacy curtains?

Medical and Nursing Services

- Find out how medical care and direction is provided in the facility. Who is the medical director? Will a resident's personal physician be able to visit as needed, and cooperate with the medical director? What happens if hospital or emergency care is needed?
- Ask if the home specializes in providing any particular type of medical care. Be sure to inquire about how the home cares for residents who share your particular medical problems or care needs.
- Ask about the availability of specialized care to restore physical abilities lost due to illness or injury. Physical therapy, speech therapy and occupational therapy are examples of this type of specialized care.
- Ask how many registered nurses and licensed practical nurses are employed by the home and how many of each are on duty during days, evenings, nights and weekends. How many residents are under the care of each type of nurse?
- Ask how often a resident's medication schedule is reviewed for possible dosage reductions, adverse interactions or reactions, or expirations. Who is accountable for pharmaceutical services?
- Ask how the home provides dental care to its residents.
- Ask about how the resident or family is involved in care planning decisions.

Food

- Ask at what times meals are served and whether snacks are available. Ask if residents have flexibility about when meals are served and what is served? Ask to see the menus for a week. Are substitutions readily available?
- Observe how food is served. Does it look appetizing? Do residents appear to be enjoying their meals?

Social Services and Activities

- Ask to see the schedule of activities for a week. Does the facility have a varied activities program suitable for residents with different interests and capabilities?
- Ask if there is an activities coordinator and see if there is suitable space available for activities.
- Find out whether the facility has a full-time social services director and ask what social services and mental health and other counseling services are available to residents and their families. Does the facility have specialized services/programs available for residents with special disorders and disabilities, including Alzheimer's Disease?
- Ask about how individual activity preferences are encouraged and supported by the facility.

Glossary of Terms

Resident Characteristics and Facility Performance Indicators

This glossary contains terms used to describe certain common features or characteristics of people who enter nursing facilities, and common features or indicators of how well the facility provides quality care.

Bed Sore. A bed sore is an open sore that occurs more often to a resident with little muscle tissue or fat and who remains in one position for a long period of time. A bed sore may form on bony areas, such as at the base of the spine, heels, and ankles. Other names for a bed sore are "pressure sore" or "decubitus."

Catheter. See **Urinary Catheter.**

Colostomy or Ileostomy. A resident who has serious intestinal difficulties may have surgery which creates an artificial opening at the abdomen for bowel movements. Colostomy or ileostomy care involves keeping the skin around the colostomy or ileostomy clean and free from sores. For a resident who wears a bag to collect bowel movements, care also involves emptying the bag regularly and keeping the bag free of odor.

Fluids Supplied Through Tubes. A resident who cannot eat enough food to stay healthy may receive nourishment in the form of fluids prescribed by a physician. These fluids are usually given by inserting a needle or a tube into a vein. Care involves making sure that the needle or tube stays free of germs and that it stays in the vein.

Incompetent. A resident who cannot make decisions because of impairments in mental ability may be called incompetent. This is often a legal term meaning a court has decided that the person cannot make decisions, but it is also used as a descriptive term.

Injections. Medicine given by inserting a needle into muscle or tissue.

Isolation Techniques. These are methods to ensure that infection does not spread from one part of a resident's body to another, or from one resident to another.

Rehabilitative Bowel and Bladder Training. A resident with difficulty controlling bowel or bladder may participate in a program to learn to control these functions. Another term for a bowel and bladder control problem is "incontinence."

Respiratory Care. A resident with trouble breathing may need assistance, which may be given by breathing in extra oxygen or receiving medication. Respiratory care involves giving the amount of oxygen or medication in the way and in the amount that the doctor has ordered.

Restraints. Physical restraints are devices attached or adjacent to the body which restrict freedom of movement or normal access to one's body. For example, to keep a resident from falling out of a wheelchair a physician may prescribe a cloth protective device or a vest. Drugs (medications) may also be provided to treat and modify a resident's physically aggressive behavior. However, medications must be prescribed in doses and for a length of time necessary to treat symptoms. Use of drugs to control behavior is often called chemical restraints.

Skin Breakdown. When a resident remains in one position for a long period of time, his or her skin may be damaged. One of the first signals that this is happening is that reddened areas appear on the places where the resident has placed pressure from sitting in a chair or lying in bed. These reddened areas do not go away even after the positioning of the resident has been changed. If special care is not given, bed sores may develop. See Bed Sore.

Suctioning. A resident who is unable to cough up fluids or mucous in the air passages may have a tube inserted into the air passages to suck the fluids out. Care involves making sure that the fluids are removed as often as necessary and that the tube used is always free of germs.

Tracheotomy Care. A resident who has difficulty breathing may have an operation which makes a breathing passage from the base of the neck into the lungs. This opening is called a tracheotomy. Care involves keeping the breathing passage clean and free from congestion.

Transferring. This term has two meanings. First, it is used to describe the extent to which a resident is dependent on others to move from bed to chair, bed to toilet, chair to bath, etc. Transferring is also used to describe moving an individual from one section of a facility to another or from one facility to another.

Urinary Catheter. A tube inserted into the bladder to remove urine

HOW TO READ THE INFORMATION

Before reading the individual nursing home profiles that make up this report, it would be helpful to understand the format and presentation of the information in each profile.

EXAMPLE

NURSING HOME PROFILE
STATESBORO NURSING HOME

Street Address:		City and State:	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

The first 4 lines of the profile contain basic information about each nursing home. Following is an explanation of the items included:

Name: Self explanatory
Street Address: Self explanatory
City and State: Self explanatory

Participation: The information in this block indicates whether the nursing home participates in the Medicare program, the Medicaid program, or both programs. In addition, this block identifies the level of care that the nursing home provides. These include:

Skilled Nursing Facility (SNF)—A nursing home which provides the level of care that comes closest to hospital care with 24-hour nursing services. Regular medical supervision and rehabilitation therapy are also provided. Generally, a skilled nursing facility cares for convalescent patients and those with long-term illnesses.

Intermediate Care Facility (ICF)—A nursing home which provides less extensive health related care and services. It has regular nursing service, but not around the clock. Most intermediate care facilities conduct rehabilitation programs, with an emphasis on personal care and social services. Mainly, these homes serve people who are not fully capable of living by themselves, yet are not necessarily ill enough to need 24-hour nursing care.

Many nursing homes participate in both the Medicare and Medicaid programs, and qualify as both skilled nursing facilities and intermediate care facilities.

Number of Beds: This is the total number of beds in the nursing home, including those that are approved for Medicare and Medicaid and those that are not. Many nursing homes have beds that are "private"; these are included in the number even though the facility does not receive Medicare or Medicaid money for them.

Type of Ownership: This block describes the type of organization that operates the nursing home. These include:

Non-profit-religious - A nursing home affiliated with a religious organization, governed by a board of directors and financed largely by contributions.

Non-profit-private - A nursing home not affiliated with a religious or a community based organization and financed largely by contributions.

Non-profit-other - A nursing home which is generally governed by a community based board of directors and financed largely by contributions.

Proprietary - A nursing home operated for profit.

Government - A nursing home primarily administered by the Federal government, the State, or the county, city or other local unit of government.

Survey Date: The day on which the nursing home inspection described in this report was completed. All of the information contained in the nursing home profile reflects the conditions on this date. Note that surveys are being conducted on an ongoing basis, and thus, more recent survey results may become available subsequent to publication of this report.

Compliance Action: The information in this block indicates whether or not the nursing home has had any action taken against it by either the State or the federal government as a result of either of the last two inspections. If there is a "YES" in this block, refer to the State specific information in the front of this book for details on specific actions that can be taken against a nursing home and how to contact the State for further information about the nursing home in question. Please note that if a more recent inspection has been conducted, a compliance action may have been revoked subsequent to the publication of this report. Likewise, a more recent inspection might result in a compliance action which was taken after publication of this report.

EXAMPLE

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing Residents requiring some or total assistance in bathing.		78	83.0	82.9	82.0

The "Selected Resident Characteristics" section of the profile contains important information describing the population of the nursing home. The first line of this section shows the total number of residents living in the home and indicates how many of the home's residents are Medicare or Medicaid recipients. Next, the profile tells how many of the nursing home's residents fall into each of 13 selected care categories. These categories reflect common characteristics of nursing home residents that relate to the amount and types of care that they need. They describe the degree of assistance required by residents in carrying out the basic activities of daily living (e.g., bathing, dressing, eating) as well as other characteristics that provide information on the health care needs of residents (e.g., residents who are unable to get out of bed without assistance, residents with special skin care needs, residents on bowel and bladder retraining programs.)

The example above shows the first care category included in each nursing home profile, "Bathing". Following is an explanation of information provided in the profile:

Column 1 - Facility, #: Indicates that 78 residents of the nursing home require some or total assistance in bathing.

Column 2 - Facility, %: Indicates that the 78 residents who require assistance in bathing represent 83% of the nursing home's total population.

Column 3 - State, %: Indicates that, in the State where the nursing home is located, 82.9% of all residents in similar facilities require assistance in bathing.

Column 4 - Nation, %: Indicates that, for the nation as a whole, 82% of all residents in similar facilities require assistance in bathing.

The profile then provides similar information for each of the remaining care categories. Note that many residents will be included in more than one of the care categories.

EXAMPLE

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET NOT MET 87 88	FACILITY MET NOT MET 88 89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88 89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	5	4.1	232	2.3

The "Selected Performance Indicators," section of the profile tells about the nursing home's performance in meeting Federal quality of care requirements. The profile includes 32 performance indicators selected for their usefulness in describing important aspects of a nursing home's performance. Each indicator is based on a specific regulatory requirement that nursing homes must meet to participate in Medicare and/or Medicaid.

As shown in the example above, the profile indicates for each performance indicator whether the nursing home met or did not meet minimum Federal requirements during its two most recent inspections by State surveyors. Following is an explanation of the information provided in the sample profile for the first performance indicator, "The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed."

Columns 1 and 2 - Facility Met/Not Met: Shows either "Met" or "Not Met." "Met" means that the nursing home performed satisfactorily in this area. "Not Met" would mean that the home did not perform satisfactorily in this area. Column 1 shows information from the 87/88 survey cycle. N/A in column 1 means "not applicable" indicating the facility was not participating in the Medicare and/or Medicaid programs at the time of the 87/88 Medicare/Medicaid Nursing Home Information release. Column 2 shows information from the 88/89 survey cycle.

Column 3 - State, #: Indicates that there were 5 similar facilities in the State that did not perform satisfactorily in this area.

Column 4 - State, %: Indicates that the 5 facilities that did not perform satisfactorily represent 4.1% of the similar facilities in the State.

Column 5 - Nation, #: Indicates that there were 232 similar facilities in the nation that did not perform satisfactorily in this area.

Column 6 - Nation, %: Indicates that the 232 facilities that did not perform satisfactorily represent 2.3% of all similar facilities in the nation.

Note: The information in columns 3-6 applies only to the most recent set of surveys.

EXAMPLE

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	5	4.1	232	2.3

The "Selected Performance Indicators," section of the profile tells about the nursing home's performance in meeting Federal quality of care requirements. The profile includes 32 performance indicators selected for their usefulness in describing important aspects of a nursing home's performance. Each indicator is based on a specific regulatory requirement that nursing homes must meet to participate in Medicare and/or Medicaid.

As shown in the example above, the profile indicates for each performance indicator whether the nursing home met or did not meet minimum Federal requirements during its two most recent inspections by State surveyors. Following is an explanation of the information provided in the sample profile for the first performance indicator, "The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed."

Columns 1 and 2 - Facility Met/Not Met: Shows either "Met" or "Not Met." "Met" means that the nursing home performed satisfactorily in this area. "Not Met" would mean that the home did not perform satisfactorily in this area. Column 1 shows information from the 87/88 survey cycle. N/A in column 1 means "not applicable" indicating the facility was not participating in the Medicare and/or Medicaid programs at the time of the 87/88 Medicare/Medicaid Nursing Home Information release. Column 2 shows information from the 88/89 survey cycle.

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Column 4 - State, %: Indicates that the 5 facilities that did not perform satisfactorily represent 4.1% of the similar facilities in the State.

Column 5 - Nation, #: Indicates that there were 232 similar facilities in the nation that did not perform satisfactorily in this area.

Column 6 - Nation, %: Indicates that the 232 facilities that did not perform satisfactorily represent 2.3% of all similar facilities in the nation.

Note: The information in columns 3-6 applies only to the most recent set of surveys.

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NURSING HOME PROFILE
ABILENE CONVALESCENT CENTER

Street Address:		City and State:	
2630 OLD ANSON ROAD		ABILENE, TX 79603	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	114	PROPRIETARY	09/21/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
65	0	49

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	60	92.3	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	32	49.2	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	32	49.2	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	61.5	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	54	83.1	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	14	21.5	33.4	30.4
Completely bedfast residents.	2	3.1	6.6	2.8
Residents confined to chairs.	40	61.5	50.2	40.9
Residents requiring restraints.	10	15.4	30.9	30.9
Confused or disoriented residents.	64	98.5	59.1	55.4
Residents with bed sores.	4	6.2	5.7	4.8
Residents receiving special skin care.	23	35.4	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	NOT MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	N/A	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	NOT MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	N/A	NOT MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	NOT MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	NOT MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	N/A	NOT MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	NOT MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	N/A	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	NOT MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	NOT MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F052*	F069	F070	F099	F100	F101	F102	F104
F105	F112*	F113	F125*	F126	F127*	F130	F168*
F169	F170	F180	F181*	F182	F191*	F194	F199
F224	F235	F236	F260	F261	F277	F289	F314
F325	F332*	F344	F345*	F352	F354		

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ANSON PLACE 1

Street Address:		City and State:	
2722 OLD ANSON ROAD		ABILENE, TX 79603	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	114	PROPRIETARY	04/27/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
76	0	41

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	53	69.7	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	54	71.1	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	43	56.6	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	57.9	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	44	57.9	62.2	59.1
Residents on individually written bowel and bladder retraining program.	2	2.6	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	19.7	33.4	30.4
Completely bedfast residents.	14	18.4	6.6	2.8
Residents confined to chairs.	32	42.1	50.2	40.9
Residents requiring restraints.	25	32.9	30.9	30.9
Confused or disoriented residents.	42	55.3	59.1	55.4
Residents with bed sores.	4	5.3	5.7	4.8
Residents receiving special skin care.	20	26.3	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	NOT MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	NOT MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	NOT MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	NOT MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F052*	F061	F069	F099	F102	F127*	F134	F172
F173*	F174	F175	F180	F181*	F182	F264	F281
F287	F289	F292	F294	F296	F314	F332*	F344
F346	F354						

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ANSON PLACE 2

Street Address:		City and State:	
2722 OLD ANSON RD		ABILENE, TX 79603	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	100	PROPRIETARY	03/15/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
22	5	12

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	22	100	85.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	22	100	85.0	84.0
Toileting				
Residents requiring some or total assistance in toileting.	22	100	75.5	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	22	100	75.3	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	21	95.5	71.4	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	18	81.8	44.1	39.1
Completely bedfast residents.	11	50.0	10.9	3.2
Residents confined to chairs.	9	40.9	54.2	52.3
Residents requiring restraints.	4	18.2	35.7	40.4
Confused or disoriented residents.	17	77.3	59.5	58.6
Residents with bed sores.	5	22.7	9.2	7.6
Residents receiving special skin care.	6	27.3	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	NOT MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	NOT MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	NOT MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	NOT MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	NOT MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	NOT MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	NOT MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	NOT MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	NOT MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	NOT MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	NOT MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	NOT MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	NOT MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	NOT MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	NOT MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F050	F051*	F069	F084	F085*	F098	F101	F102
F103	F105	F121	F123*	F124	F126	F127*	F128*
F132*	F133*	F134	F136	F138	F139	F140	F141
F142	F167*	F169	F170	F171	F173*	F174	F175
F176	F179	F180	F182	F189	F191*	F208	F211
F233	F234	F236	F239	F240	F242*	F244	F248
F252	F253	F260	F261	F262	F264	F294	F297
F311	F313*	F320	F321	F322*	F324*	F326	F328
F338	F339	F341	F342	F343	F345*	F346	F348

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CARE INN OF ABILENE

Street Address:		City and State:	
4934 S 7TH ST		ABILENE, TX 79605	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	101	PROPRIETARY	05/24/89

Compliance Actions
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
83	0	66

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	61	73.5	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	70	84.3	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	56	67.5	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	53	63.9	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	58	69.9	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	26.5	33.4	30.4
Completely bedfast residents.	1	1.2	6.6	2.8
Residents confined to chairs.	59	71.1	50.2	40.9
Residents requiring restraints.	33	39.8	30.9	30.9
Confused or disoriented residents.	68	81.9	59.1	55.4
Residents with bed sores.	8	9.6	5.7	4.8
Residents receiving special skin care.	23	27.7	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	NOT MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	NOT MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	NOT MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F099	F101	F102	F125*	F126	F127*	F128*	F129*
F131*	F132*	F134	F168*	F169	F170	F182	F190
F191*	F249	F250	F260	F261	F287	F289	F292
F293*	F297	F344	F345*	F346			

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CORONADO NURSING CENTER

Street Address:		City and State:	
1751 NORTH 15TH STREET		ABILENE, TX 79603	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	235	PROPRIETARY	07/28/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
214	13	143

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	174	81.3	85.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	186	86.9	85.0	84.0
Toileting				
Residents requiring some or total assistance in toileting.	176	82.2	75.5	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	176	82.2	75.3	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	117	54.7	71.4	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	160	74.8	44.1	39.1
Completely bedfast residents.	12	5.6	10.9	3.2
Residents confined to chairs.	90	42.1	54.2	52.3
Residents requiring restraints.	31	14.5	35.7	40.4
Confused or disoriented residents.	83	38.8	59.5	58.6
Residents with bed sores.	18	8.4	9.2	7.6
Residents receiving special skin care.	12	5.6	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	NOT MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	NOT MET	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	NOT MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	NOT MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	NOT MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	NOT MET	NOT MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	NOT MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F069	F070	F084	F085*	F135	F167*	F168*	F169
F170	F180	F181*	F182	F211	F234	F235	F236
F237*	F240	F241	F242*	F244	F249	F260	F261
F209	F313*	F322*	F324*	F325	F326	F328	F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HENDRICK MEDICAL CENTER

Street Address:		City and State:	
1242 NORTH 19TH STREET		ABILENE, TX 79601	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE SNF	21	NON-PROFIT RELIGIOUS	11/21/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
16	15	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	16	100	85.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	16	100	85.0	84.0
Toileting				
Residents requiring some or total assistance in toileting.	16	100	75.5	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	16	100	75.3	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	7	43.8	71.4	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	2	12.5	44.1	39.1
Completely bedfast residents.	2	12.5	10.9	3.2
Residents confined to chairs.	0	0.0	54.2	52.3
Residents requiring restraints.	2	12.5	35.7	40.4
Confused or disoriented residents.	2	12.5	59.5	58.6
Residents with bed sores.	1	6.3	9.2	7.6
Residents receiving special skin care.	0	0.0	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	NOT MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	NOT MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F061	F098	F134	F169	F180	F182	F207	F236
F324*	F345*	F346	F354	F359			

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
RADFORD HILLS CONVALESCENT CENTER

Street Address:		City and State:	
725 MEDICAL DRIVE		ABILENE, TX 79601	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	98	PROPRIETARY	08/03/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
85	0	72

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	8	9.4	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	67	78.8	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	46	54.1	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	63.5	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	52	61.2	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	45	52.9	33.4	30.4
Completely bedfast residents.	2	2.4	6.6	2.8
Residents confined to chairs.	39	45.9	50.2	40.9
Residents requiring restraints.	21	24.7	30.9	30.9
Confused or disoriented residents.	33	38.8	59.1	55.4
Residents with bed sores.	4	4.7	5.7	4.8
Residents receiving special skin care.	16	18.8	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	NOT MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102	F125*	F126	F168*	F170	F182	F191*	F224
F227	F235	F236	F260	F261	F262	F287	F289
F294	F316	F332*	F348	F349			

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SEARS MEM METHODIST CENTER

Street Address:		City and State:	
3202 S WILLIS ST		ABILENE, TX 79605	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	159	NON-PROFIT RELIGIOUS	11/15/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
95	0	38

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	59	62.1	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	52	54.7	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	39	41.1	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	28.4	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	42	44.2	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	23.2	33.4	30.4
Completely bedfast residents.	0	0.0	6.6	2.8
Residents confined to chairs.	29	30.5	50.2	40.9
Residents requiring restraints.	13	13.7	30.9	30.9
Confused or disoriented residents.	36	37.9	59.1	55.4
Residents with bed sores.	3	3.2	5.7	4.8
Residents receiving special skin care.	6	6.3	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	NOT MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F126 F170 F180 F181* F194 F199

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BLUEBONNET NURSING HOME

Street Address:		City and State:	
P O BOX 608		ALBANY, TX 76430	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	80	PROPRIETARY	02/09/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
47	0	35

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	45	95.7	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	37	78.7	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	33	70.2	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	63.8	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	31	66.0	62.2	59.1
Residents on individually written bowel and bladder retraining program.	2	4.3	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	6	12.8	33.4	30.4
Completely bedfast residents.	2	4.3	6.6	2.8
Residents confined to chairs.	35	74.5	50.2	40.9
Residents requiring restraints.	13	27.7	30.9	30.9
Confused or disoriented residents.	24	51.1	59.1	55.4
Residents with bed sores.	2	4.3	5.7	4.8
Residents receiving special skin care.	44	93.6	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	NOT MET	NOT MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084	F085*	F102	F281	F287	F288	F289	F292
F294	F348	F349					

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ALICE PHYSICIANS AND SURGEONS HOSP

Street Address:		City and State:	
300 E 3RD ST		ALICE, TX 77056	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE SNF	10	PROPRIETARY	07/12/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
1	1	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	1	100	85.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	1	100	85.0	84.0
Toileting				
Residents requiring some or total assistance in toileting.	1	100	75.5	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	1	100	75.3	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	1	100	71.4	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	1	100	44.1	39.1
Completely bedfast residents.	1	100	10.9	3.2
Residents confined to chairs.	0	0.0	54.2	52.3
Residents requiring restraints.	0	0.0	35.7	40.4
Confused or disoriented residents.	1	100	59.5	58.6
Residents with bed sores.	0	0.0	9.2	7.6
Residents receiving special skin care.	0	0.0	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
HOSPITALITY HOUSE INC

Street Address:		City and State:	
218 NORTH KING STREET BOX 1458		ALICE, TX 78332	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	132	PROPRIETARY	11/17/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
128	20	100

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	104	81.3	85.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	110	85.9	85.0	84.0
Toileting				
Residents requiring some or total assistance in toileting.	104	81.3	75.5	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	105	82.0	75.3	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	94	73.4	71.4	69.4
Residents on individually written bowel and bladder retraining program.	11	8.6	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	63	49.2	44.1	39.1
Completely bedfast residents.	9	7.0	10.9	3.2
Residents confined to chairs.	82	64.1	54.2	52.3
Residents requiring restraints.	70	54.7	35.7	40.4
Confused or disoriented residents.	91	71.1	59.5	58.6
Residents with bed sores.	7	5.5	9.2	7.6
Residents receiving special skin care.	9	7.0	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F060 F170 F262 F282 F342

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
RETAMA MANOR NURSING CENTER ALICE

Street Address:		City and State:	
606 COYOTE TRAIL		ALICE, TX 78332	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	118	PROPRIETARY	02/16/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
94	0	77

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	74	78.7	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	78	83.0	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	79	84.0	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	79	84.0	68.5	67 1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	79	84.0	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	53	56.4	33.4	30.4
Completely bedfast residents.	0	0.0	6.6	2.8
Residents confined to chairs.	53	56.4	50.2	40.9
Residents requiring restraints.	29	30.9	30.9	30.9
Confused or disoriented residents.	63	67.0	59.1	55.4
Residents with bed sores.	3	3.2	5.7	4.8
Residents receiving special skin care.	16	17.0	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	NOT MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F061 F131* F170 F244 F255 F297 F345* F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ALPINE VALLEY CARE CENTER

Street Address:		City and State:	
1003 LOOP RD		ALPINE, TX 79830	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	59	PROPRIETARY	10/04/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
40	0	28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	38	95.0	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	34	85.0	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	37	92.5	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	85.0	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	37	92.5	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	9	22.5	33.4	30.4
Completely bedfast residents.	0	0.0	6.6	2.8
Residents confined to chairs.	32	80.0	50.2	40.9
Residents requiring restraints.	3	7.5	30.9	30.9
Confused or disoriented residents.	32	80.0	59.1	55.4
Residents with bed sores.	6	15.0	5.7	4.8
Residents receiving special skin care.	6	15.0	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	N/A	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	NOT MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	N/A	NOT MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	NOT MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	NOT MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	NOT MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	N/A	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	N/A	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F100	F101	F102	F126	F127*	F128*	F131*	F132*
F133*	F136	F224	F294	F359			

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CARRIAGE PARK NURSING CTR

Street Address:		City and State:	
505 MAGGIE SESSIONS		ALTO, TX 75925	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	90	PROPRIETARY	08/16/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
17	0	12

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	13	76.5	85.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	13	76.5	85.0	84.0
Toileting				
Residents requiring some or total assistance in toileting.	8	47.1	75.5	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	9	52.9	75.3	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	8	47.1	71.4	69.4
Residents on individually written bowel and bladder retraining program.	1	5.9	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	3	17.6	44.1	39.1
Completely bedfast residents.	1	5.9	10.9	3.2
Residents confined to chairs.	7	41.2	54.2	52.3
Residents requiring restraints.	5	29.4	35.7	40.4
Confused or disoriented residents.	2	11.8	59.5	58.6
Residents with bed sores.	0	0.0	9.2	7.6
Residents receiving special skin care.	5	29.4	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	NOT MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F105 F191* F199 F264

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ALVARADO NURSING HOME

Street Address:		City and State:	
100 N PARKWAY		ALVARADO, TX 76009	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	05/18/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
100	4	72

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	88	88.0	85.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	83	83.0	85.0	84.0
Toileting				
Residents requiring some or total assistance in toileting.	61	61.0	75.5	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	51.0	75.3	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	66	66.0	71.4	69.4
Residents on individually written bowel and bladder retraining program.	10	10.0	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	26	26.0	44.1	39.1
Completely bedfast residents.	7	7.0	10.9	3.2
Residents confined to chairs.	34	34.0	54.2	52.3
Residents requiring restraints.	27	27.0	35.7	40.4
Confused or disoriented residents.	74	74.0	59.5	58.6
Residents with bed sores.	6	6.0	9.2	7.6
Residents receiving special skin care.	16	16.0	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F139 F264 F359

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ALVIN CONVALESCENT CENTER

Street Address:		City and State:	
416 NORTH SHIRLEY STREET		ALVIN, TX 77511	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	98	PROPRIETARY	03/30/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
96	0	66

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	89	92.7	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	83	86.5	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	78	81.3	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	68	70.8	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	67	69.8	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	18	18.8	33.4	30.4
Completely bedfast residents.	0	0.0	6.6	2.8
Residents confined to chairs.	69	71.9	50.2	40.9
Residents requiring restraints.	35	36.5	30.9	30.9
Confused or disoriented residents.	40	41.7	59.1	55.4
Residents with bed sores.	12	12.5	5.7	4.8
Residents receiving special skin care.	20	20.8	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	NOT MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	NOT MET	NOT MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	NOT MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F080* F084 F085* F126 F128* F130 F132* F135
F191* F237*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
WINCHESTER LODGE

Street Address:		City and State:	
1112 SMITH DRIVE		ALVIN, TX 77511	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	96	PROPRIETARY	05/11/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
85	0	62

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	42	49.4	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	54	63.5	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	45	52.9	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	55.3	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	43	50.6	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	23.5	33.4	30.4
Completely bedfast residents.	0	0.0	6.6	2.8
Residents confined to chairs.	32	37.6	50.2	40.9
Residents requiring restraints.	28	32.9	30.9	30.9
Confused or disoriented residents.	68	80.0	59.1	55.4
Residents with bed sores.	10	11.8	5.7	4.8
Residents receiving special skin care.	58	68.2	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	NOT MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F128*	F132*	F173*	F190	F191*	F241	F242*	F249
F262	F312	F314	F325	F332*			

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
AMARILLO GOOD SAMARITAN RETIREMENT CTR

Street Address:		City and State:	
2200 WEST 7TH STREET		AMARILLO, TX 79106	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	59	NON-PROFIT OTHER	07/11/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
55	0	26

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	54	98.2	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	37	67.3	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	33	60.0	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	61.8	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	27	49.1	62.2	59.1
Residents on individually written bowel and bladder retraining program.	2	3.6	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	14	25.5	33.4	30.4
Completely bedfast residents.	1	1.8	6.6	2.8
Residents confined to chairs.	26	47.3	50.2	40.9
Residents requiring restraints.	17	30.9	30.9	30.9
Confused or disoriented residents.	22	40.0	59.1	55.4
Residents with bed sores.	11	20.0	5.7	4.8
Residents receiving special skin care.	12	21.8	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F224 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
AMARILLO NURSING CENTER

Street Address:		City and State:	
4033 W 51ST		AMARILLO, TX 79109	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	128	PROPRIETARY	10/20/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
100	0	77

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	72	72.0	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	79	79.0	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	61	61.0	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	57.0	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	51	51.0	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	21.0	33.4	30.4
Completely bedfast residents.	2	2.0	6.6	2.8
Residents confined to chairs.	35	35.0	50.2	40.9
Residents requiring restraints.	36	36.0	30.9	30.9
Confused or disoriented residents.	62	62.0	59.1	55.4
Residents with bed sores.	4	4.0	5.7	4.8
Residents receiving special skin care.	8	8.0	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F055 F056 F084 F085* F128* F293* F313*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BIVINS MEMORIAL NH

Street Address:		City and State:	
1001 WALLACE BLVD		AMARILLO, TX 79106	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	140	NON-PROFIT OTHER	03/10/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
132	6	77

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	130	98.5	85.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	130	98.5	85.0	84.0
Toileting				
Residents requiring some or total assistance in toileting.	119	90.2	75.5	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	97	73.5	75.3	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	77	58.3	71.4	69.4
Residents on individually written bowel and bladder retraining program.	7	5.3	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	53	40.2	44.1	39.1
Completely bedfast residents.	16	12.1	10.9	3.2
Residents confined to chairs.	104	78.8	54.2	52.3
Residents requiring restraints.	36	27.3	35.7	40.4
Confused or disoriented residents.	70	53.0	59.5	58.6
Residents with bed sores.	4	3.0	9.2	7.6
Residents receiving special skin care.	13	9.8	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F191* F206

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BRYANWOOD CARE CENTER

Street Address:		City and State:	
2423 LINE AVENUE		AMARILLO, TX 79106	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	74	PROPRIETARY	06/06/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
59	0	41

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	59	100	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	55	93.2	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	47	79.7	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	100	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	41	69.5	62.2	59.1
Residents on individually written bowel and bladder retraining program.	3	5.1	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	39.0	33.4	30.4
Completely bedfast residents.	1	1.7	6.6	2.8
Residents confined to chairs.	26	44.1	50.2	40.9
Residents requiring restraints.	10	16.9	30.9	30.9
Confused or disoriented residents.	35	59.3	59.1	55.4
Residents with bed sores.	0	0.0	5.7	4.8
Residents receiving special skin care.	10	16.9	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F085* F223 F224 F289 F293* F313*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
COUNTRY CLUB MANOR

Street Address:		City and State:	
9 MEDICAL DRIVE		AMARILLO, TX 79106	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	102	PROPRIETARY	09/15/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
73	0	49

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	72	98.6	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	61	83.6	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	32	43.8	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	63.0	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	32	43.8	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	39	53.4	33.4	30.4
Completely bedfast residents.	0	0.0	6.6	2.8
Residents confined to chairs.	47	64.4	50.2	40.9
Residents requiring restraints.	18	24.7	30.9	30.9
Confused or disoriented residents.	57	78.1	59.1	55.4
Residents with bed sores.	12	16.4	5.7	4.8
Residents receiving special skin care.	16	21.9	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	NOT MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F055	F056	F085*	F102	F125*	F126	F191*	F259
F260	F261	F262	F294				

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ELIZABETH JANE BIVINS HME FOR THE AGED

Street Address:		City and State:	
3115 TEE ANCHOR BLVD		AMARILLO, TX 79104	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	36	NON-PROFIT OTHER	02/02/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
33	0	22

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	28	84.8	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	9	27.3	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	0	0.0	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	15	45.5	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	33.4	30.4
Completely bedfast residents.	0	0.0	6.6	2.8
Residents confined to chairs.	0	0.0	50.2	40.9
Residents requiring restraints.	0	0.0	30.9	30.9
Confused or disoriented residents.	15	45.5	59.1	55.4
Residents with bed sores.	0	0.0	5.7	4.8
Residents receiving special skin care.	9	27.3	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
GEORGIA MANOR NURSING HOME

Street Address:		City and State:	
2611 SW 46TH ST		AMARILLO, TX 79110	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	56	PROPRIETARY	12/22/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
42	0	28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	37	88.1	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	35	83.3	78.0	76.5
Toile				
Residents requiring some or total assistance in toileting.	29	69.0	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	71.4	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	26	61.9	62.2	59.1
Residents on individually written bowel and bladder retraining program.	8	19.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	8	19.0	33.4	30.4
Completely bedfast residents.	4	9.5	6.6	2.8
Residents confined to chairs.	29	69.0	50.2	40.9
Residents requiring restraints.	17	40.5	30.9	30.9
Confused or disoriented residents.	7	16.7	59.1	55.4
Residents with bed sores.	0	0.0	5.7	4.8
Residents receiving special skin care.	0	0.0	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F186 F191* F259 F316

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
GOLDEN AGE CARE CENTER

Street Address:		City and State:	
1601 KIRKLAND		AMARILLO, TX 79106	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	98	NON-PROFIT OTHER	10/26/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
89	0	72

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	88	98.9	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	72	80.9	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	70	78.7	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	78.7	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	72	80.9	62.2	59.1
Residents on individually written bowel and bladder retraining program.	1	1.1	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	23.6	33.4	30.4
Completely bedfast residents.	0	0.0	6.6	2.8
Residents confined to chairs.	58	65.2	50.2	40.9
Residents requiring restraints.	31	34.8	30.9	30.9
Confused or disoriented residents.	85	95.5	59.1	55.4
Residents with bed sores.	4	4.5	5.7	4.8
Residents receiving special skin care.	4	4.5	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	139	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HERITAGE CONVALESCENT CENTER

Street Address:		City and State:	
1009 CLYDE STREET		AMARILLO, TX 79106	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	116	PROPRIETARY	08/18/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
106	5	55

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	101	95.3	85.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	89	84.0	85.0	84.0
Toileting				
Residents requiring some or total assistance in toileting.	79	74.5	75.5	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	99	93.4	75.3	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	90	84.9	71.4	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	55	51.9	44.1	39.1
Completely bedfast residents.	22	20.8	10.9	3.2
Residents confined to chairs.	40	37.7	54.2	52.3
Residents requiring restraints.	27	25.5	35.7	40.4
Confused or disoriented residents.	62	58.5	59.5	58.6
Residents with bed sores.	12	11.3	9.2	7.6
Residents receiving special skin care.	32	30.2	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	NOT MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F127* F173* F206 F332* F345*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
OLSEN MANOR NURSING HOME

Street Address:		City and State:	
3350 OLSEN		AMARILLO, TX 79109	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	120	PROPRIETARY	02/09/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
42	0	16

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	33	78.6	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	34	81.0	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	27	64.3	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	100	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	28	66.7	62.2	59.1
Residents on individually written bowel and bladder retraining program.	1	2.4	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	38.1	33.4	30.4
Completely bedfast residents.	4	9.5	6.6	2.8
Residents confined to chairs.	22	52.4	50.2	40.9
Residents requiring restraints.	13	31.0	30.9	30.9
Confused or disoriented residents.	19	45.2	59.1	55.4
Residents with bed sores.	5	11.9	5.7	4.8
Residents receiving special skin care.	11	26.2	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F236

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SAINT ANTHONYS HOSPITAL SNF UNIT

Street Address:		City and State:	
200 N W 7TH		AMARILLO, TX 79107	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE SNF	20	NON-PROFIT RELIGIOUS	03/28/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
8	8	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	4	50.0	85.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	8	100	85.0	84.0
Toileting				
Residents requiring some or total assistance in toileting.	8	100	75.5	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	8	100	75.3	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	2	25.0	71.4	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	3	37.5	44.1	39.1
Completely bedfast residents.	0	0.0	10.9	3.2
Residents confined to chairs.	3	37.5	54.2	52.3
Residents requiring restraints.	0	0.0	35.7	40.4
Confused or disoriented residents.	1	12.5	59.5	58.6
Residents with bed sores.	1	12.5	9.2	7.6
Residents receiving special skin care.	0	0.0	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F135 F170 F183 F191* F236

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
VIVIANS NH

Street Address:		City and State:	
508 NORTH TAYLOR		AMARILLO, TX 79107	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	53	PROPRIETARY	03/30/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
49	0	27

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	30	61.2	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	35	71.4	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	35	71.4	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	69.4	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	33	67.3	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	36	73.5	33.4	30.4
Completely bedfast residents.	5	10.2	6.6	2.8
Residents confined to chairs.	26	53.1	50.2	40.9
Residents requiring restraints.	17	34.7	30.9	30.9
Confused or disoriented residents.	23	46.9	59.1	55.4
Residents with bed sores.	4	8.2	5.7	4.8
Residents receiving special skin care.	8	16.3	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	NOT MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odcrs.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	NOT MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F052* F055 F056 F170 F236 F260 F288 F344 F345*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
WESTCLIFF MANOR NURSING HOME

Street Address:		City and State:	
5601 PLUM CREEK DRIVE		AMARILLO, TX 79124	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	160	PROPRIETARY	08/26/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
112	0	6

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	93	83.0	85.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	84	75.0	85.0	84.0
Toileting				
Residents requiring some or total assistance in toileting.	75	67.0	75.5	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	43.8	75.3	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	51	45.5	71.4	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	33	29.5	44.1	39.1
Completely bedfast residents.	2	1.8	10.9	3.2
Residents confined to chairs.	48	42.9	54.2	52.3
Residents requiring restraints.	12	10.7	35.7	40.4
Confused or disoriented residents.	59	52.7	59.5	58.6
Residents with bed sores.	9	8.0	9.2	7.6
Residents receiving special skin care.	9	8.0	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	NOT MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126	F128*	F169	F170	F182	F191*	F239	F251
F260	F261	F262	F319	F321	F331	F345*	F351
F353	F354						

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
WESTGATE CARE CENTER

Street Address:		City and State:	
1931 MEDI-PARK DR		AMARILLO, TX 79106	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	124	PROPRIETARY	12/13/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
66	0	36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	58	87.9	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	42	63.6	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	36	54.5	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	65.2	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	28	42.4	62.2	59.1
Residents on individually written bowel and bladder retraining program.	3	4.5	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	16.7	33.4	30.4
Completely bedfast residents.	0	0.0	6.6	2.8
Residents confined to chairs.	43	65.2	50.2	40.9
Residents requiring restraints.	24	36.4	30.9	30.9
Confused or disoriented residents.	29	43.9	59.1	55.4
Residents with bed sores.	2	3.0	5.7	4.8
Residents receiving special skin care.	7	10.6	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	NOT MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F055	F056	F126	F186	F191*	F199	F236	F259
F287	F293*	F294	F297	F313*	F345*	F349	

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
AUTUMN CARE AMHERST MANOR

Street Address:		City and State:	
700 MAIN ST		AMHERST, TX 79312	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	30	PROPRIETARY	10/17/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
14	0	14

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	11	78.6	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	9	64.3	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	8	57.1	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	6	42.9	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	7	50.0	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	2	14.3	33.4	30.4
Completely bedfast residents.	1	7.1	6.6	2.8
Residents confined to chairs.	7	50.0	50.2	40.9
Residents requiring restraints.	6	42.9	30.9	30.9
Confused or disoriented residents.	8	57.1	59.1	55.4
Residents with bed sores.	0	0.0	5.7	4.8
Residents receiving special skin care.	0	0.0	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F132* F223 F224 F246 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
LEISURE LODGE ANAHUAC

Street Address:		City and State:	
DRAWER W FRONT STREET		ANAHUAC, TX 77514	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	100	PROPRIETARY	10/27/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
55	5	28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	47	85.5	85.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	47	85.5	85.0	84.0
Toileting				
Residents requiring some or total assistance in toileting.	43	78.2	75.5	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	67.3	75.3	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	39	70.9	71.4	69.4
Residents on individually written bowel and bladder retraining program.	4	7.3	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	38.2	44.1	39.1
Completely bedfast residents.	9	16.4	10.9	3.2
Residents confined to chairs.	30	54.5	54.2	52.3
Residents requiring restraints.	21	38.2	35.7	40.4
Confused or disoriented residents.	37	67.3	59.5	58.6
Residents with bed sores.	8	14.5	9.2	7.6
Residents receiving special skin care.	10	18.2	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	NOT MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F101 F105 F181* F191* F321 F340* F342

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ANDREWS NURSING CENTER

Street Address:		City and State:	
620 HOSPITAL DRIVE		ANDREWS, TX 79714	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	98	PROPRIETARY	02/15/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
87	0	62

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	81	93.1	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	86	98.9	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	45	51.7	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	65.5	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	45	51.7	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	28.7	33.4	30.4
Completely bedfast residents.	4	4.6	6.6	2.8
Residents confined to chairs.	52	59.8	50.2	40.9
Residents requiring restraints.	24	27.6	30.9	30.9
Confused or disoriented residents.	58	66.7	59.1	55.4
Residents with bed sores.	6	6.9	5.7	4.8
Residents receiving special skin care.	6	6.9	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	NOT MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F117	F125*	F126	F133*	F168*	F169	F170	F190
F191*	F223	F224	F262	F264	F294	F327	

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
COUNTRY VILLAGE CARE INC

Street Address:		City and State:	
721 WEST MULBERRY		ANGLETON, TX 77515	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	123	PROPRIETARY	09/08/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
116	5	52

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	73	62.9	85.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	76	65.5	85.0	84.0
Toileting				
Residents requiring some or total assistance in toileting.	65	56.0	75.5	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	93	80.2	75.3	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	67	57.8	71.4	69.4
Residents on individually written bowel and bladder retraining program.	1	0.9	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	36	31.0	44.1	39.1
Completely bedfast residents.	2	1.7	10.9	3.2
Residents confined to chairs.	67	57.8	54.2	52.3
Residents requiring restraints.	19	16.4	35.7	40.4
Confused or disoriented residents.	68	58.6	59.5	58.6
Residents with bed sores.	9	7.8	9.2	7.6
Residents receiving special skin care.	37	31.9	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F181* F191* F321

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CYPRESS WOODS CARE CENTER

Street Address:		City and State:	
135 ONE HALF HOSPITAL DR		ANGLETON, TX 77515	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	104	PROPRIETARY	12/22/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
82	0	53

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	62	75.6	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	68	82.9	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	56	68.3	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	63.4	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	57	69.5	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	26	31.7	33.4	30.4
Completely bedfast residents.	4	4.9	6.6	2.8
Residents confined to chairs.	44	53.7	50.2	40.9
Residents requiring restraints.	43	52.4	30.9	30.9
Confused or disoriented residents.	37	45.1	59.1	55.4
Residents with bed sores.	10	12.2	5.7	4.8
Residents receiving special skin care.	42	51.2	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 89/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	NOT MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F127* F128* F135 F191* F199 F237* F262 F264
F294 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BRIARSTONE MANOR

Street Address:		City and State:	
125 AVENUE J		ANSON, TX 79501	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	70	PROPRIETARY	11/03/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
49	0	43

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	47	95.9	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	36	73.5	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	26	53.1	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	53.1	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	25	51.0	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	12	24.5	33.4	30.4
Completely bedfast residents.	1	2.0	6.6	2.8
Residents confined to chairs.	23	46.9	50.2	40.9
Residents requiring restraints.	16	32.7	30.9	30.9
Confused or disoriented residents.	16	32.7	59.1	55.4
Residents with bed sores.	1	2.0	5.7	4.8
Residents receiving special skin care.	2	4.1	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F169 F259 F260 F332* F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
VALLEY VIEW CARE CENTER

Street Address:		City and State:	
101 LIBERTY LANE		ANSON, TX 79501	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	36	NON-PROFIT OTHER	02/02/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
34	0	22

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	19	55.9	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	23	67.6	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	18	52.9	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	18	52.9	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	20	58.8	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	7	20.6	33.4	30.4
Completely bedfast residents.	1	2.9	6.6	2.8
Residents confined to chairs.	9	26.5	50.2	40.9
Residents requiring restraints.	5	14.7	30.9	30.9
Confused or disoriented residents.	18	52.9	59.1	55.4
Residents with bed sores.	2	5.9	5.7	4.8
Residents receiving special skin care.	7	20.6	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126	F127*	F168*	F169	F170	F190	F191*	F199
F260	F261	F314	F325	F328			

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ARANSAS PASS NURSING AND CONV CTR

Street Address:		City and State:	
1661 W YOAKUM ST		ARANSAS PASS, TX 78336	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	170	PROPRIETARY	06/09/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
118	13	80

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	114	96.6	85.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	86	72.9	85.0	84.0
Toileting				
Residents requiring some or total assistance in toileting.	72	61.0	75.5	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	69	58.5	75.3	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	67	56.8	71.4	69.4
Residents on individually written bowel and bladder retraining program.	1	0.8	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	39	33.1	44.1	39.1
Completely bedfast residents.	4	3.4	10.9	3.2
Residents confined to chairs.	80	67.8	54.2	52.3
Residents requiring restraints.	47	39.8	35.7	40.4
Confused or disoriented residents.	60	50.8	59.5	58.6
Residents with bed sores.	6	5.1	9.2	7.6
Residents receiving special skin care.	40	33.9	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	NOT MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102	F134	F135	F144	F182	F191*	F227	F234
F235	F236	F237*	F322*	F332*			

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
COASTAL BEND HOSPITAL AMI

Street Address:		City and State:	
1771 W WHEELER		ARANSAS PASS, TX 78336	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE SNF	8	PROPRIETARY	12/02/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
3	3	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	3	100	85.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	3	100	85.0	84.0
Toileting				
Residents requiring some or total assistance in toileting.	3	100	75.5	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	3	100	75.3	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	2	66.7	71.4	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	3	100	44.1	39.1
Completely bedfast residents.	0	0.0	10.9	3.2
Residents confined to chairs.	1	33.3	54.2	52.3
Residents requiring restraints.	0	0.0	35.7	40.4
Confused or disoriented residents.	2	66.7	59.5	58.6
Residents with bed sores.	1	33.3	9.2	7.6
Residents receiving special skin care.	2	66.7	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	NOT MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F126 F134 F167* F169 F170 F182 F236
F242* F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ARCHER NURSING HOME

Street Address:		City and State:	
201 E CHESTNUT		ARCHER CITY, TX 76351	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	46	PROPRIETARY	01/05/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
43	0	29

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	39	90.7	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	34	79.1	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	31	72.1	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	90.7	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	34	79.1	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	46.5	33.4	30.4
Completely bedfast residents.	5	11.6	6.6	2.8
Residents confined to chairs.	21	48.8	50.2	40.9
Residents requiring restraints.	20	46.5	30.9	30.9
Confused or disoriented residents.	39	90.7	59.1	55.4
Residents with bed sores.	0	0.0	5.7	4.8
Residents receiving special skin care.	3	7.0	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	320	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1069	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F170 F224 F260 F278 F314

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ALL SEASONS NURSING CENTER

Street Address:	City and State:		
301 WEST RANDOL MILL ROAD	ARLINGTON, TX 76011		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	120	PROPRIETARY	02/07/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
89	0	66

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	87	97.8	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	65	73.0	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	56	62.9	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	56.2	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	46	51.7	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	33	37.1	33.4	30.4
Completely bedfast residents.	9	10.1	6.6	2.8
Residents confined to chairs.	44	49.4	50.2	40.9
Residents requiring restraints.	27	30.3	30.9	30.9
Confused or disoriented residents.	38	42.7	59.1	55.4
Residents with bed sores.	4	4.5	5.7	4.8
Residents receiving special skin care.	21	23.6	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	NOT MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ARLINGTON VILLA FOR SR CITIZENS

Street Address:		City and State:	
2601 W RANDOL MILL RD		ARLINGTON, TX 76012	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	148	PROPRIETARY	08/30/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
131	0	86

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	69	52.7	85.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	112	85.5	85.0	84.0
Toileting				
Residents requiring some or total assistance in toileting.	112	85.5	75.5	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	16	12.2	75.3	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	54	41.2	71.4	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	28	21.4	44.1	39.1
Completely bedfast residents.	0	0.0	10.9	3.2
Residents confined to chairs.	37	28.2	54.2	52.3
Residents requiring restraints.	22	16.8	35.7	40.4
Confused or disoriented residents.	57	43.5	59.5	58.6
Residents with bed sores.	2	1.5	9.2	7.6
Residents receiving special skin care.	30	22.9	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F140 F170 F180 F264

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
DALWORTH CARE CENTER

Street Address:		City and State:	
405 DUNCAN PERRY RD		ARLINGTON, TX 76011	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	120	PROPRIETARY	04/12/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
87	0	74

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	77	88.5	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	65	74.7	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	46	52.9	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	56.3	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	50	57.5	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	26	29.9	33.4	30.4
Completely bedfast residents.	0	0.0	6.6	2.8
Residents confined to chairs.	58	66.7	50.2	40.9
Residents requiring restraints.	36	41.4	30.9	30.9
Confused or disoriented residents.	45	51.7	59.1	55.4
Residents with bed sores.	4	4.6	5.7	4.8
Residents receiving special skin care.	38	43.7	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F134 F170 F236 F290 F313* F359

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HERITAGE OAKS

Street Address:		City and State:	
1112 GIBBONS ROAD		ARLINGTON, TX 76011	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	175	PROPRIETARY	05/25/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
82	0	57

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	76	92.7	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	76	92.7	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	76	92.7	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	87.8	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	72	87.8	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	56	68.3	33.4	30.4
Completely bedfast residents.	11	13.4	6.6	2.8
Residents confined to chairs.	56	68.3	50.2	40.9
Residents requiring restraints.	60	73.2	30.9	30.9
Confused or disoriented residents.	66	80.5	59.1	55.4
Residents with bed sores.	20	24.4	5.7	4.8
Residents receiving special skin care.	70	85.4	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	N/A	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	NOT MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	N/A	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	N/A	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	NOT MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	N/A	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	N/A	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	NOT MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F127* F134 F169 F170 F260 F261 F328 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
RANDOL MILL MANOR

Street Address:		City and State:	
2645 W RANDOL MILL RD		ARLINGTON, TX 76012	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	130	PROPRIETARY	08/03/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
99	7	38

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	54	54.5	85.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	72	72.7	85.0	84.0
Toileting				
Residents requiring some or total assistance in toileting.	70	70.7	75.5	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	75	75.8	75.3	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	76	76.8	71.4	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	54	54.5	44.1	39.1
Completely bedfast residents.	4	4.0	10.9	3.2
Residents confined to chairs.	47	47.5	54.2	52.3
Residents requiring restraints.	30	30.3	35.7	40.4
Confused or disoriented residents.	77	77.8	59.5	58.6
Residents with bed sores.	6	6.1	9.2	7.6
Residents receiving special skin care.	79	79.8	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F264

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
GIBSON NURSING CENTER

Street Address:		City and State:	
1000 N BROADWAY		ASPERMONT, TX 79502	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	80	PROPRIETARY	05/18/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
44	0	32

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	32	72.7	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	30	68.2	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	23	52.3	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	52.3	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	18	40.9	62.2	59.1
Residents on individually written bowel and bladder retraining program.	1	2.3	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	12	27.3	33.4	30.4
Completely bedfast residents.	0	0.0	6.6	2.8
Residents confined to chairs.	16	36.4	50.2	40.9
Residents requiring restraints.	3	6.8	30.9	30.9
Confused or disoriented residents.	32	72.7	59.1	55.4
Residents with bed sores.	5	11.4	5.7	4.8
Residents receiving special skin care.	3	6.8	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F133* F135 F259 F262 F314 F346 F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ATHENS NH

Street Address:		City and State:	
305 S PALESTINE ST		ATHENS, TX 75751	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	82	PROPRIETARY	05/03/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
34	0	25

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	30	88.2	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	27	79.4	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	21	61.8	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	76.5	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	16	47.1	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	9	26.5	33.4	30.4
Completely bedfast residents.	4	11.8	6.6	2.8
Residents confined to chairs.	16	47.1	50.2	40.9
Residents requiring restraints.	2	5.9	30.9	30.9
Confused or disoriented residents.	21	61.8	59.1	55.4
Residents with bed sores.	2	5.9	5.7	4.8
Residents receiving special skin care.	3	8.8	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	NOT MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	NOT MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F127*	F132*	F256	F263	F293*	F294	F297	F313*
F328	F332*	F344	F346				

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
GREEN OAKS NURSING HOME

Street Address:		City and State:	
500 VALLE VISTA ROAD		ATHENS, TX 75751	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	118	PROPRIETARY	09/07/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
75	0	55

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	49	65.3	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	49	65.3	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	49	65.3	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	53	70.7	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	49	65.3	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	12	16.0	33.4	30.4
Completely bedfast residents.	0	0.0	6.6	2.8
Residents confined to chairs.	54	72.0	50.2	40.9
Residents requiring restraints.	21	28.0	30.9	30.9
Confused or disoriented residents.	28	37.3	59.1	55.4
Residents with bed sores.	3	4.0	5.7	4.8
Residents receiving special skin care.	12	16.0	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	NOT MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	337	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F227 F250 F262 F263 F264 F294

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
PARK HIGHLANDS NH

Street Address:		City and State:	
711 LUCAS ST		ATHENS, TX 75751	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	140	PROPRIETARY	10/12/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
94	0	60

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	79	84.0	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	62	66.0	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	53	56.4	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	55.3	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	47	50.0	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	23.4	33.4	30.4
Completely bedfast residents.	22	23.4	6.6	2.8
Residents confined to chairs.	39	41.5	50.2	40.9
Residents requiring restraints.	22	23.4	30.9	30.9
Confused or disoriented residents.	49	52.1	59.1	55.4
Residents with bed sores.	9	9.6	5.7	4.8
Residents receiving special skin care.	22	23.4	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	NOT MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	NOT MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085*	F125*	F127*	F128*	F129*	F191*	F259	F263
F264	F294	F313*					

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SOUTH PLACE NURSING CTR

Street Address:		City and State:	
150 GIBSON RD RT 2 BOX 2827		ATHENS, TX 75751	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	07/27/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
95	0	61

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	76	80.0	85.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	88	92.6	85.0	84.0
Toileting				
Residents requiring some or total assistance in toileting.	85	89.5	75.5	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	77.9	75.3	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	61	64.2	71.4	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	23.2	44.1	39.1
Completely bedfast residents.	21	22.1	10.9	3.2
Residents confined to chairs.	64	67.4	54.2	52.3
Residents requiring restraints.	41	43.2	35.7	40.4
Confused or disoriented residents.	53	55.8	59.5	58.6
Residents with bed sores.	3	3.2	9.2	7.6
Residents receiving special skin care.	20	21.1	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	NOT MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	NOT MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	NOT MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	NOT MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	NOT MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	NOT MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	NOT MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F119	F127*	F132*	F134	F138	F196*	F252	F255
F256	F262	F293*	F294	F314	F320	F322*	F324*
F331	F332*	F342	F343	F346			

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
WOODLANDS NURSING CENTER,THE

Street Address:		City and State:	
P O BOX 1969		ATHENS, TX 75751	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	120	PROPRIETARY	08/16/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
83	0	37

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	72	86.7	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	65	78.3	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	50	60.2	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	57.8	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	44	53.0	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	17	20.5	33.4	30.4
Completely bedfast residents.	1	1.2	6.6	2.8
Residents confined to chairs.	50	60.2	50.2	40.9
Residents requiring restraints.	12	14.5	30.9	30.9
Confused or disoriented residents.	29	34.9	59.1	55.4
Residents with bed sores.	9	10.8	5.7	4.8
Residents receiving special skin care.	8	9.6	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	NOT MET	NOT MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	NOT MET	NOT MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084	F085*	F125*	F126	F127*	F128*	F134	F190
F191*	F224	F226	F227	F257	F262	F294	F314
F332*	F352	F358					

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
PINE LODGE NURSING HOME

Street Address:		City and State:	
201 EAST 3RD ST		ATLANTA, TX 75551	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	109	PROPRIETARY	08/16/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
95	0	72

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	68	71.6	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	66	69.5	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	55	57.9	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	63	66.3	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	43	45.3	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	26	27.4	33.4	30.4
Completely bedfast residents.	8	8.4	6.6	2.8
Residents confined to chairs.	25	26.3	50.2	40.9
Residents requiring restraints.	25	26.3	30.9	30.9
Confused or disoriented residents.	47	49.5	59.1	55.4
Residents with bed sores.	2	2.1	5.7	4.8
Residents receiving special skin care.	12	12.6	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F127* F128* F134 F191* F289 F332* F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ROSE HAVEN RETREAT

Street Address:		City and State:	
S WILLIAMS & LIVE OAK ST BOX 240		ATLANTA, TX 75551	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	108	PROPRIETARY	04/27/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
99	0	73

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	91	91.9	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	87	87.9	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	71	71.7	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	87	87.9	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	71	71.7	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	31	31.3	33.4	30.4
Completely bedfast residents.	12	12.1	6.6	2.8
Residents confined to chairs.	24	24.2	50.2	40.9
Residents requiring restraints.	28	28.3	30.9	30.9
Confused or disoriented residents.	59	59.6	59.1	55.4
Residents with bed sores.	7	7.1	5.7	4.8
Residents receiving special skin care.	23	23.2	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F135 F170 F191* F258 F262 F264 F288 F298

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ANDERSON LANE NURSING HOME

Street Address:		City and State:	
7901 LAZY LN		AUSTIN, TX 78758	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	48	PROPRIETARY	02/10/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
45	0	34

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	37	82.2	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	29	64.4	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	19	42.2	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	18	40.0	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	22	48.9	62.2	59.1
Residents on individually written bowel and bladder retraining program.	3	6.7	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	8	17.8	33.4	30.4
Completely bedfast residents.	0	0.0	6.6	2.8
Residents confined to chairs.	20	44.4	50.2	40.9
Residents requiring restraints.	5	11.1	30.9	30.9
Confused or disoriented residents.	18	40.0	59.1	55.4
Residents with bed sores.	4	8.9	5.7	4.8
Residents receiving special skin care.	15	33.3	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	NOT MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085* F127* F289 F332* F345*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
AUSTIN MANOR NURSING HOME

Street Address:		City and State:	
5413 GUADALUPE		AUSTIN, TX 78751	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	60	PROPRIETARY	04/26/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
56	0	43

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	51	91.1	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	56	100	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	56	100	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	100	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	36	64.3	62.2	59.1
Residents on individually written bowel and bladder retraining program.	3	5.4	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	17	30.4	33.4	30.4
Completely bedfast residents.	3	5.4	6.6	2.8
Residents confined to chairs.	21	37.5	50.2	40.9
Residents requiring restraints.	15	26.8	30.9	30.9
Confused or disoriented residents.	56	100	59.1	55.4
Residents with bed sores.	4	7.1	5.7	4.8
Residents receiving special skin care.	14	25.0	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F127* F170 F199 F289 F313* F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
AUSTIN NURSING CENTER INC

Street Address:		City and State:	
110 E LIVE OAK		AUSTIN, TX 78704	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	170	PROPRIETARY	01/06/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
154	0	61

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	144	93.5	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	139	90.3	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	139	90.3	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	132	85.7	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	117	76.0	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	73	47.4	33.4	30.4
Completely bedfast residents.	1	0.6	6.6	2.8
Residents confined to chairs.	73	47.4	50.2	40.9
Residents requiring restraints.	111	72.1	30.9	30.9
Confused or disoriented residents.	114	74.0	59.1	55.4
Residents with bed sores.	5	3.2	5.7	4.8
Residents receiving special skin care.	33	21.4	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085*	F126	F132*	F134	F169	F170	F199	F250
F260	F261	F332*					

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
AUSTINS REST HAVEN NURS HME

Street Address:		City and State:	
6222 N LAMAR AVE		AUSTIN, TX 78752	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	80	PROPRIETARY	12/14/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
37	0	29

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	23	62.2	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	26	70.3	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	17	45.9	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	64.9	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	17	45.9	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	6	16.2	33.4	30.4
Completely bedfast residents.	1	2.7	6.6	2.8
Residents confined to chairs.	16	43.2	50.2	40.9
Residents requiring restraints.	15	40.5	30.9	30.9
Confused or disoriented residents.	34	91.9	59.1	55.4
Residents with bed sores.	0	0.0	5.7	4.8
Residents receiving special skin care.	3	8.1	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F126 F134 F135 F173* F191*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BUCKNER BAPTIST MONTE SIESTA HOME

Street Address:		City and State:	
4501 DUDMAR DRIVE		AUSTIN, TX 78735	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	128	NON-PROFIT RELIGIOUS	11/23/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
94	0	51

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	90	95.7	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	73	77.7	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	64	68.1	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	55.3	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	64	68.1	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	27	28.7	33.4	30.4
Completely bedfast residents.	26	27.7	6.6	2.8
Residents confined to chairs.	63	67.0	50.2	40.9
Residents requiring restraints.	29	30.9	30.9	30.9
Confused or disoriented residents.	82	87.2	59.1	55.4
Residents with bed sores.	0	0.0	5.7	4.8
Residents receiving special skin care.	14	14.9	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	NOT MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F127* F131* F132* F199

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CAMERON VILLA REST HOME

Street Address:		City and State:	
1109 E 52ND ST		AUSTIN, TX 78723	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	41	PROPRIETARY	07/11/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
33	0	30

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	27	81.8	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	24	72.7	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	24	72.7	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	72.7	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	23	69.7	62.2	59.1
Residents on individually written bowel and bladder retraining program.	12	36.4	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	12	36.4	33.4	30.4
Completely bedfast residents.	2	6.1	6.6	2.8
Residents confined to chairs.	20	60.6	50.2	40.9
Residents requiring restraints.	11	33.3	30.9	30.9
Confused or disoriented residents.	21	63.6	59.1	55.4
Residents with bed sores.	1	3.0	5.7	4.8
Residents receiving special skin care.	33	100	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	NOT MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F127*	F144	F199	F227	F260	F264	F287	F294
F332*	F333	F344	F345*	F346			

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CAPITOL CITY NURSING HOME

Street Address:		City and State:	
9052 GALEWOOD DRIVE		AUSTIN, TX 78758	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	03/17/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
118	12	66

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	107	90.7	85.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	107	90.7	85.0	84.0
Toileting				
Residents requiring some or total assistance in toileting.	94	79.7	75.5	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	89	75.4	75.3	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	72	61.0	71.4	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	47	39.8	44.1	39.1
Completely bedfast residents.	6	5.1	10.9	3.2
Residents confined to chairs.	75	63.6	54.2	52.3
Residents requiring restraints.	40	33.9	35.7	40.4
Confused or disoriented residents.	73	61.9	59.5	58.6
Residents with bed sores.	16	13.6	9.2	7.6
Residents receiving special skin care.	2	1.7	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F191* F224 F313*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CENTRAL TEXAS CARE CENTER

Street Address:		City and State:	
8007 BURNET RD		AUSTIN, TX 78758	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	96	PROPRIETARY	08/18/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
51	0	42

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	41	80.4	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	39	76.5	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	31	60.8	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	66.7	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	31	60.8	62.2	59.1
Residents on individually written bowel and bladder retraining program.	1	2.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	12	23.5	33.4	30.4
Completely bedfast residents.	0	0.0	6.6	2.8
Residents confined to chairs.	32	62.7	50.2	40.9
Residents requiring restraints.	21	41.2	30.9	30.9
Confused or disoriented residents.	33	64.7	59.1	55.4
Residents with bed sores.	2	3.9	5.7	4.8
Residents receiving special skin care.	6	11.8	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	NOT MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	NOT MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	NOT MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F132* F134 F173* F191* F196* F250 F297

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
DELWOOD NURSING HOME INC

Street Address:		City and State:	
4407 RED RIVER STREET		AUSTIN, TX 78751	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	40	PROPRIETARY	12/21/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
34	0	17

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	29	85.3	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	28	82.4	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	25	73.5	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	79.4	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	28	82.4	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	38.2	33.4	30.4
Completely bedfast residents.	1	2.9	6.6	2.8
Residents confined to chairs.	17	50.0	50.2	40.9
Residents requiring restraints.	20	58.8	30.9	30.9
Confused or disoriented residents.	19	55.9	59.1	55.4
Residents with bed sores.	6	17.6	5.7	4.8
Residents receiving special skin care.	34	100	21.2	23.5

SELECTED PERFORMANCE INDICATORS

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Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F130 F131* F173* F191* F294

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
EASTERN HILLS CONVALESCENT CENTER

Street Address:		City and State:	
2806 REAL STREET		AUSTIN, TX 78722	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	204	PROPRIETARY	02/16/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
124	7	97

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	105	84.7	85.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	114	91.9	85.0	84.0
Toileting				
Residents requiring some or total assistance in toileting.	82	66.1	75.5	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	61.3	75.3	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	84	67.7	71.4	69.4
Residents on individually written bowel and bladder retraining program.	1	0.8	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	20.2	44.1	39.1
Completely bedfast residents.	6	4.8	10.9	3.2
Residents confined to chairs.	84	67.7	54.2	52.3
Residents requiring restraints.	21	16.9	35.7	40.4
Confused or disoriented residents.	72	58.1	59.5	58.6
Residents with bed sores.	10	8.1	9.2	7.6
Residents receiving special skin care.	2	1.6	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	NOT MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	29	8.0	1219	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	NOT MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for prope. care and comfort of residents.	MET	NOT MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085*	F123*	F125*	F126	F127*	F131*	F132*	F134
F169	F182	F191*	F199	F206	F207	F224	F231
F285	F289	F294	F313*	F324*	F332*	F345*	

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
FOUR SEASONS NURSING CENTER OF AUSTIN

Street Address:		City and State:	
500 E ST JOHNS AVE		AUSTIN, TX 78752	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	233	PROPRIETARY	11/16/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
189	14	90

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	181	95.8	85.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	156	82.5	85.0	84.0
Toileting				
Residents requiring some or total assistance in toileting.	136	72.0	75.5	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	162	85.7	75.3	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	145	76.7	71.4	69.4
Residents on individually written bowel and bladder retraining program.	2	1.1	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	91	48.1	44.1	39.1
Completely bedfast residents.	39	20.6	10.9	3.2
Residents confined to chairs.	114	60.3	54.2	52.3
Residents requiring restraints.	154	81.5	35.7	40.4
Confused or disoriented residents.	120	63.5	59.5	58.6
Residents with bed sores.	30	15.9	9.2	7.6
Residents receiving special skin care.	150	79.4	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F127* F144 F182

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
GRACY WOODS NURSING CTR

Street Address:		City and State:	
12021 METRIC BLVD		AUSTIN, TX 78758	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	118	PROPRIETARY	06/07/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
95	0	31

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	95	100	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	89	93.7	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	53	55.8	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	83	87.4	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	69	72.6	62.2	59.1
Residents on individually written bowel and bladder retraining program.	3	3.2	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	30	31.6	33.4	30.4
Completely bedfast residents.	1	1.1	6.6	2.8
Residents confined to chairs.	27	28.4	50.2	40.9
Residents requiring restraints.	25	26.3	30.9	30.9
Confused or disoriented residents.	56	58.9	59.1	55.4
Residents with bed sores.	1	1.1	5.7	4.8
Residents receiving special skin care.	9	9.5	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	N/A	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	NOT MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	N/A	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	N/A	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F132* F199 F262

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HEARTLAND HLTH CARE CTR

Street Address:		City and State:	
11406 RUSTIC ROCK DR		AUSTIN, TX 78750	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	12/05/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
36	10	17

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	34	94.4	85.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	33	91.7	85.0	84.0
Toileting				
Residents requiring some or total assistance in toileting.	30	83.3	75.5	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	75.0	75.3	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	31	86.1	71.4	69.4
Residents on individually written bowel and bladder retraining program.	5	13.9	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	12	33.3	44.1	39.1
Completely bedfast residents.	3	8.3	10.9	3.2
Residents confined to chairs.	22	61.1	54.2	52.3
Residents requiring restraints.	6	16.7	35.7	40.4
Confused or disoriented residents.	22	61.1	59.5	58.6
Residents with bed sores.	3	8.3	9.2	7.6
Residents receiving special skin care.	36	100	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	NOT MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	NOT MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	NOT MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F127* F132* F199 F207 F262 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
LALLA CONVALESCENT CENTER

Street Address:		City and State:	
2915 WEBBERVILLE RD		AUSTIN, TX 78702	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	104	PROPRIETARY	01/18/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
67	0	64

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	50	74.6	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	51	76.1	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	39	58.2	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	70.1	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	43	64.2	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	29.9	33.4	30.4
Completely bedfast residents.	28	41.8	6.6	2.8
Residents confined to chairs.	23	34.3	50.2	40.9
Residents requiring restraints.	25	37.3	30.9	30.9
Confused or disoriented residents.	24	35.8	59.1	55.4
Residents with bed sores.	3	4.5	5.7	4.8
Residents receiving special skin care.	3	4.5	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are availabie when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085* F126 F127* F131* F170 F176 F191* F264

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MAGGIE JOHNSONS NURSING CENTER

Street Address:		City and State:	
3406 EAST 17TH STREET		AUSTIN, TX 78721	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	54	PROPRIETARY	12/21/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
42	0	40

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	30	71.4	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	30	71.4	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	28	66.7	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	71.4	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	28	66.7	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	9	21.4	33.4	30.4
Completely bedfast residents.	1	2.4	6.6	2.8
Residents confined to chairs.	25	59.5	50.2	40.9
Residents requiring restraints.	13	31.0	30.9	30.9
Confused or disoriented residents.	42	100	59.1	55.4
Residents with bed sores.	1	2.4	5.7	4.8
Residents receiving special skin care.	1	2.4	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F191* F196* F332* F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
NORTHWEST MEDIPLEX

Street Address:		City and State:	
5301 DUVAL ROAD		AUSTIN, TX 78727	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	388	PROPRIETARY	10/21/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
276	5	211

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	212	76.8	85.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	195	70.7	85.0	84.0
Toileting				
Residents requiring some or total assistance in toileting.	167	60.5	75.5	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	176	63.8	75.3	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	157	56.9	71.4	69.4
Residents on individually written bowel and bladder retraining program.	1	0.4	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	68	24.6	44.1	39.1
Completely bedfast residents.	5	1.8	10.9	3.2
Residents confined to chairs.	167	60.5	54.2	52.3
Residents requiring restraints.	100	36.2	35.7	40.4
Confused or disoriented residents.	149	54.0	59.5	58.6
Residents with bed sores.	30	10.9	9.2	7.6
Residents receiving special skin care.	103	37.3	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 38/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	NOT MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	NOT MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	NOT MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	NOT MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F079*	F085*	F126	F127*	F130	F131*	F132*	F133*
F134	F174	F176	F179	F180	F181*	F182	F207
F262	F274	F298	F313*	F321	F322*	F332*	F340*
F342	F346						

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
OAKCREST MANOR

Street Address:		City and State:	
9507 HWY 290 E		AUSTIN, TX 78724	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	66	PROPRIETARY	02/08/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
60	0	44

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	35	58.3	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	42	70.0	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	51	85.0	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	61.7	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	32	53.3	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	18	30.0	33.4	30.4
Completely bedfast residents.	1	1.7	6.6	2.8
Residents confined to chairs.	34	56.7	50.2	40.9
Residents requiring restraints.	12	20.0	30.9	30.9
Confused or disoriented residents.	54	90.0	59.1	55.4
Residents with bed sores.	4	6.7	5.7	4.8
Residents receiving special skin care.	4	6.7	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F127* F288 F313*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
PECAN GROVE NURSING HOME

Street Address:		City and State:	
3101 GOVALLE AVE		AUSTIN, TX 78702	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	83	PROPRIETARY	10/19/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
69	7	58

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	59	85.5	85.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	57	82.6	85.0	84.0
Toileting				
Residents requiring some or total assistance in toileting.	50	72.5	75.5	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	69.6	75.3	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	47	68.1	71.4	69.4
Residents on individually written bowel and bladder retraining program.	5	7.2	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	29	42.0	44.1	39.1
Completely bedfast residents.	11	15.9	10.9	3.2
Residents confined to chairs.	32	46.4	54.2	52.3
Residents requiring restraints.	22	31.9	35.7	40.4
Confused or disoriented residents.	66	95.7	59.5	58.6
Residents with bed sores.	11	15.9	9.2	7.6
Residents receiving special skin care.	21	30.4	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085* F101 F182 F227

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
RAMSEY PLACE NURSING AND REHAB CNTR

Street Address:		City and State:	
4207 BURNET RD		AUSTIN, TX 78756	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE SNF	112	PROPRIETARY	06/30/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
1	1	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	0	0.0	85.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	0	0.0	89.0	84.0
Toileting				
Residents requiring some or total assistance in toileting.	0	0.0	75.5	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	75.3	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	0	0.0	71.4	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	44.1	39.1
Completely bedfast residents.	0	0.0	10.9	3.2
Residents confined to chairs.	0	0.0	54.2	52.3
Residents requiring restraints.	0	0.0	35.7	40.4
Confused or disoriented residents.	0	0.0	59.5	58.6
Residents with bed sores.	0	0.0	9.2	7.6
Residents receiving special skin care.	0	0.0	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F182 F207

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
REGENCY VILLAGE CARE CENTER

Street Address:		City and State:	
6500 BRUSH COUNTRY ROAD		AUSTIN, TX 78749	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	120	PROPRIETARY	05/17/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
71	0	31

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	62	87.3	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	60	84.5	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	46	64.8	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	63.4	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	46	64.8	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	28.2	33.4	30.4
Completely bedfast residents.	0	0.0	6.6	2.8
Residents confined to chairs.	36	50.7	50.2	40.9
Residents requiring restraints.	16	22.5	30.9	30.9
Confused or disoriented residents.	38	53.5	59.1	55.4
Residents with bed sores.	3	4.2	5.7	4.8
Residents receiving special skin care.	5	7.0	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	N/A	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	NOT MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	N/A	NOT MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	N/A	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F130 F173* F191*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SIERRA HEALTH CARE

Street Address:		City and State:	
1606 NASH AVE		AUSTIN, TX 78704	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	60	PROPRIETARY	04/12/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
41	0	28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	39	95.1	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	31	75.6	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	26	63.4	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	61.0	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	18	43.9	62.2	59.1
Residents on individually written bowel and bladder retraining program.	5	12.2	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	26.8	33.4	30.4
Completely bedfast residents.	2	4.9	6.6	2.8
Residents confined to chairs.	22	53.7	50.2	40.9
Residents requiring restraints.	12	29.3	30.9	30.9
Confused or disoriented residents.	13	31.7	59.1	55.4
Residents with bed sores.	1	2.4	5.7	4.8
Residents receiving special skin care.	4	9.8	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F127* F289

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SOUTHWEST MEDIPLEX

Street Address:		City and State:	
1015 WILLIAM CANNON DRIVE		AUSTIN, TX 78745	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	182	PROPRIETARY	11/07/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
140	6	118

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	107	76.4	85.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	132	94.3	85.0	84.0
Toileting				
Residents requiring some or total assistance in toileting.	117	83.6	75.5	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	109	77.9	75.3	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	93	66.4	71.4	69.4
Residents on individually written bowel and bladder retraining program.	3	2.1	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	57	40.7	44.1	39.1
Completely bedfast residents.	8	5.7	10.9	3.2
Residents confined to chairs.	105	75.0	54.2	52.3
Residents requiring restraints.	57	40.7	35.7	40.4
Confused or disoriented residents.	60	42.9	59.5	58.6
Residents with bed sores.	15	10.7	9.2	7.6
Residents receiving special skin care.	23	16.4	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problerns found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F127* F191* F322*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SOUTHWOOD CARE CENTER

Street Address:		City and State:	
3759 VALLEY VIEW RD		AUSTIN, TX 78704	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	120	PROPRIETARY	01/18/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
111	0	82

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	93	83.8	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	86	77.5	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	72	64.9	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	68	61.3	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	56	50.5	62.2	59.1
Residents on individually written bowel and bladder retraining program.	2	1.8	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	32	28.8	33.4	30.4
Completely bedfast residents.	1	0.9	6.6	2.8
Residents confined to chairs.	78	70.3	50.2	40.9
Residents requiring restraints.	38	34.2	30.9	30.9
Confused or disoriented residents.	73	65.8	59.1	55.4
Residents with bed sores.	5	4.5	5.7	4.8
Residents receiving special skin care.	6	5.4	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085* F126 F127* F135 F191* F264 F313* F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ST DAVIDS REHAB CTR SNF

Street Address:		City and State:	
1005 E 32ND ST		AUSTIN, TX 78765	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE SNF	47	PROPRIETARY	08/29/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
2	2	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	2	100	85.5	82.0
Dressing Residents requiring some or total assistance in dressing.	2	100	85.0	84.0
Toileting Residents requiring some or total assistance in toileting.	2	100	75.5	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	2	100	75.3	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	2	100	71.4	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	2	100	44.1	39.1
Completely bedfast residents.	2	100	10.9	3.2
Residents confined to chairs.	0	0.0	54.2	52.3
Residents requiring restraints.	0	0.0	35.7	40.4
Confused or disoriented residents.	1	50.0	59.5	58.6
Residents with bed sores.	1	50.0	9.2	7.6
Residents receiving special skin care.	2	100	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
WALNUT HILL CONV CTR INC

Street Address:		City and State:	
3509 ROGGE LANE		AUSTIN, TX 78723	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	120	PROPRIETARY	05/03/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
113	0	104

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	90	79.6	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	101	89.4	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	59	52.2	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	41.6	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	58	51.3	62.2	59.1
Residents on individually written bowel and bladder retraining program.	27	23.9	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	17.7	33.4	30.4
Completely bedfast residents.	1	0.9	6.6	2.8
Residents confined to chairs.	42	37.2	50.2	40.9
Residents requiring restraints.	16	14.2	30.9	30.9
Confused or disoriented residents.	78	69.0	59.1	55.4
Residents with bed sores.	1	0.9	5.7	4.8
Residents receiving special skin care.	1	0.9	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
AZLE MANOR INC

Street Address:		City and State:	
225 CHURCH STREET		AZLE, TX 76020	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	127	PROPRIETARY	02/28/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
120	8	89

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	118	98.3	85.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	94	78.3	85.0	84.0
Toileting				
Residents requiring some or total assistance in toileting.	84	70.0	75.5	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	84	70.0	75.3	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	81	67.5	71.4	69.4
Residents on individually written bowel and bladder retraining program.	4	3.3	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	31	25.8	44.1	39.1
Completely bedfast residents.	4	3.3	10.9	3.2
Residents confined to chairs.	61	50.8	54.2	52.3
Residents requiring restraints.	47	39.2	35.7	40.4
Confused or disoriented residents.	73	60.8	59.5	58.6
Residents with bed sores.	2	1.7	9.2	7.6
Residents receiving special skin care.	6	5.0	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F170

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CANTERBURY VILLA OF BAIRD

Street Address:		City and State:	
240 E 6TH ST		BAIRD, TX 79504	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	78	PROPRIETARY	10/18/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
56	0	44

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	56	100	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	44	78.6	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	36	64.3	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	57.1	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	34	60.7	62.2	59.1
Residents on individually written bowel and bladder retraining program.	10	17.9	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	12	21.4	33.4	30.4
Completely bedfast residents.	2	3.6	6.6	2.8
Residents confined to chairs.	29	51.8	50.2	40.9
Residents requiring restraints.	13	23.2	30.9	30.9
Confused or disoriented residents.	30	53.6	59.1	55.4
Residents with bed sores.	2	3.6	5.7	4.8
Residents receiving special skin care.	8	14.3	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	NOT MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	NOT MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	NOT MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	NOT MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126	F127*	F134	F168*	F170	F182	F196*	F237*
F260	F277	F287	F289	F313*	F318	F332*	F345*
F354							

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BALCH SPRINGS NH

Street Address:		City and State:	
4200 SHEPHERD LN		BALCH SPRINGS, TX 75180	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	120	PROPRIETARY	05/10/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
109	0	90

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	93	85.3	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	78	71.6	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	78	71.6	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	68	62.4	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	69	63.3	62.2	59.1
Residents on individually written bowel and bladder retraining program.	2	1.8	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	26	23.9	33.4	30.4
Completely bedfast residents.	6	5.5	6.6	2.8
Residents confined to chairs.	52	47.7	50.2	40.9
Residents requiring restraints.	29	26.6	30.9	30.9
Confused or disoriented residents.	57	52.3	59.1	55.4
Residents with bed sores.	4	3.7	5.7	4.8
Residents receiving special skin care.	64	58.7	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F134 F264

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BALLINGER NURSING CENTER

Street Address:		City and State:	
1400 COUNTRY CLUB ROAD		BALLINGER, TX 76821	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	48	PROPRIETARY	12/28/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
43	0	29

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	6	14.0	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	38	88.4	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	34	79.1	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	74.4	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	13	30.2	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	14	32.6	33.4	30.4
Completely bedfast residents.	5	11.6	6.6	2.8
Residents confined to chairs.	27	62.8	50.2	40.9
Residents requiring restraints.	13	30.2	30.9	30.9
Confused or disoriented residents.	33	76.7	59.1	55.4
Residents with bed sores.	10	23.3	5.7	4.8
Residents receiving special skin care.	10	23.3	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	NOT MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F287 F298 F328 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CANTERBURY VILLA OF BALLINGER

Street Address:		City and State:	
BRONTE HIGHWAY P O BOX 309		BALLINGER, TX 76821	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	154	PROPRIETARY	12/07/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
57	0	31

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	35	61.4	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	43	75.4	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	45	78.9	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	71.9	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	25	43.9	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	35.1	33.4	30.4
Completely bedfast residents.	0	0.0	6.6	2.8
Residents confined to chairs.	21	36.8	50.2	40.9
Residents requiring restraints.	17	29.8	30.9	30.9
Confused or disoriented residents.	22	38.6	59.1	55.4
Residents with bed sores.	4	7.0	5.7	4.8
Residents receiving special skin care.	30	52.6	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F134 F190 F191* F259 F328

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
PURPLE HILLS MANOR INC

Street Address:		City and State:	
800 MONTAGUE DRIVE BOX 836		BANDERA, TX 78003	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	62	PROPRIETARY	05/12/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
50	0	22

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	46	92.0	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	47	94.0	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	30	60.0	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	60.0	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	31	62.0	62.2	59.1
Residents on individually written bowel and bladder retraining program.	1	2.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	12	24.0	33.4	30.4
Completely bedfast residents.	2	4.0	6.6	2.8
Residents confined to chairs.	17	34.0	50.2	40.9
Residents requiring restraints.	13	26.0	30.9	30.9
Confused or disoriented residents.	19	38.0	59.1	55.4
Residents with bed sores.	4	8.0	5.7	4.8
Residents receiving special skin care.	5	10.0	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	NOT MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	NOT MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F106*	F127*	F128*	F130	F170	F178	F191*	F294
F318	F332*	F345*	F349				

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BANGS NH

Street Address:		City and State:	
1400 FITZGERALD		BANGS, TX 76823	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	48	PROPRIETARY	11/15/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
45	0	39

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	41	91.1	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	41	91.1	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	35	77.8	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	68.9	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	45	100	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	10	22.2	33.4	30.4
Completely bedfast residents.	0	0.0	6.6	2.8
Residents confined to chairs.	32	71.1	50.2	40.9
Residents requiring restraints.	10	22.2	30.9	30.9
Confused or disoriented residents.	35	77.8	59.1	55.4
Residents with bed sores.	0	0.0	5.7	4.8
Residents receiving special skin care.	4	8.9	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F182 F191* F227 F333 F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
TWILIGHT NURSING HOME INC

Street Address:		City and State:	
205 S WEST ST		BANGS, TX 76823	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	41	PROPRIETARY	03/17/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
40	0	23

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	33	82.5	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	29	72.5	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	27	67.5	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	70.0	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	24	60.0	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	9	22.5	33.4	30.4
Completely bedfast residents.	3	7.5	6.6	2.8
Residents confined to chairs.	23	57.5	50.2	40.9
Residents requiring restraints.	8	20.0	30.9	30.9
Confused or disoriented residents.	17	42.5	59.1	55.4
Residents with bed sores.	0	0.0	5.7	4.8
Residents receiving special skin care.	11	27.5	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F199

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
WILL O BELL INC

Street Address:		City and State:	
412 N DALTON		BARTLETT, TX 76511	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	90	PROPRIETARY	08/30/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
58	0	39

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	42	72.4	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	42	72.4	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	38	65.5	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	67.2	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	34	58.6	62.2	59.1
Residents on individually written bowel and bladder retraining program.	1	1.7	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	43.1	33.4	30.4
Completely bedfast residents.	4	6.9	6.6	2.8
Residents confined to chairs.	27	46.6	50.2	40.9
Residents requiring restraints.	17	29.3	30.9	30.9
Confused or disoriented residents.	40	69.0	59.1	55.4
Residents with bed sores.	0	0.0	5.7	4.8
Residents receiving special skin care.	1	1.7	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the faciiity during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F127* F130 F191* F227 F250 F287 F332* F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
AUTUMN HILLS CONV CTR BASTROP

Street Address:		City and State:	
RT 1 BOX 1X		BASTROP, TX 78602	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	10/27/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
88	8	49

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	88	100	85.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	82	93.2	85.0	84.0
Toileting				
Residents requiring some or total assistance in toileting.	68	77.3	75.5	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	68	77.3	75.3	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	70	79.5	71.4	69.4
Residents on individually written bowel and bladder retraining program.	2	2.3	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	27.3	44.1	39.1
Completely bedfast residents.	1	1.1	10.9	3.2
Residents confined to chairs.	42	47.7	54.2	52.3
Residents requiring restraints.	38	43.2	35.7	40.4
Confused or disoriented residents.	50	56.8	59.5	58.6
Residents with bed sores.	6	6.8	9.2	7.6
Residents receiving special skin care.	10	11.4	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F132* F140 F227

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BASTROP NURSING CENTER

Street Address:		City and State:	
400 OLD AUSTIN HIGHWAY		BASTROP, TX 78602	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	96	PROPRIETARY	02/23/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
60	0	49

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	57	95.0	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	48	80.0	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	35	58.3	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	66.7	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	35	58.3	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	25.0	33.4	30.4
Completely bedfast residents.	0	0.0	6.6	2.8
Residents confined to chairs.	38	63.3	50.2	40.9
Residents requiring restraints.	20	33.3	30.9	30.9
Confused or disoriented residents.	26	43.3	59.1	55.4
Residents with bed sores.	4	6.7	5.7	4.8
Residents receiving special skin care.	19	31.7	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	663	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F199 F330 F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BAY VILLA NURSING HOME

Street Address:		City and State:	
1800 13TH ST		BAY CITY, TX 77414	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	105	PROPRIETARY	01/12/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
101	14	72

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	100	99.0	85.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	97	96.0	85.0	84.0
Toileting				
Residents requiring some or total assistance in toileting.	80	79.2	75.5	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	75	74.3	75.3	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	84	83.2	71.4	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	46	45.5	44.1	39.1
Completely bedfast residents.	14	13.9	10.9	3.2
Residents confined to chairs.	69	68.3	54.2	52.3
Residents requiring restraints.	36	35.6	35.7	40.4
Confused or disoriented residents.	92	91.1	59.5	58.6
Residents with bed sores.	4	4.0	9.2	7.6
Residents receiving special skin care.	13	12.9	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	NOT MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	NOT MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	NOT MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084	F089	F123*	F126	F135	F167*	F169	F170
F173*	F189	F191*	F237*	F259	F328	F332*	

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MATAGORDA HOUSE NURSING HOME

Street Address:		City and State:	
1115 AVENUE G		BAY CITY, TX 77414	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	28	NON-PROFIT OTHER	09/29/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
27	2	9

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	27	100	85.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	27	100	85.0	84.0
Toileting				
Residents requiring some or total assistance in toileting.	22	81.5	75.5	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	92.6	75.3	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	19	70.4	71.4	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	18	66.7	44.1	39.1
Completely bedfast residents.	2	7.4	10.9	3.2
Residents confined to chairs.	15	55.6	54.2	52.3
Residents requiring restraints.	1	3.7	35.7	40.4
Confused or disoriented residents.	18	66.7	59.5	58.6
Residents with bed sores.	1	3.7	9.2	7.6
Residents receiving special skin care.	0	0.0	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F127* F181* F294 F321

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ALLENBROOK HEALTHCARE CENTER

Street Address:		City and State:	
4109 ALLENBROOK ST		BAYTOWN, TX 77520	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	120	PROPRIETARY	09/22/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
94	0	71

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	94	100	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	70	74.5	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	56	59.6	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	62	66.0	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	36	38.3	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	10	10.6	33.4	30.4
Completely bedfast residents.	2	2.1	6.6	2.8
Residents confined to chairs.	62	66.0	50.2	40.9
Residents requiring restraints.	24	25.5	30.9	30.9
Confused or disoriented residents.	40	42.6	59.1	55.4
Residents with bed sores.	3	3.2	5.7	4.8
Residents receiving special skin care.	1	1.1	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F135 F191* F257 F287

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BAYTOWN NH

Street Address:		City and State:	
1106 PARK ST		BAYTOWN, TX 77520	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	90	PROPRIETARY	07/13/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
71	0	53

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	63	88.7	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	58	81.7	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	51	71.8	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	69.0	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	36	50.7	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	18	25.4	33.4	30.4
Completely bedfast residents.	1	1.4	6.6	2.8
Residents confined to chairs.	52	73.2	50.2	40.9
Residents requiring restraints.	23	32.4	30.9	30.9
Confused or disoriented residents.	43	60.6	59.1	55.4
Residents with bed sores.	7	9.9	5.7	4.8
Residents receiving special skin care.	32	45.1	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	NOT MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F102 F237* F318

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
GREEN ACRES CONV CTR

Street Address:		City and State:	
2000 BEAUMONT RD		BAYTOWN, TX 77520	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	100	PROPRIETARY	11/02/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
76	0	76

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	54	71.1	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	62	81.6	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	46	60.5	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	60.5	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	48	63.2	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	19.7	33.4	30.4
Completely bedfast residents.	7	9.2	6.6	2.8
Residents confined to chairs.	46	60.5	50.2	40.9
Residents requiring restraints.	31	40.8	30.9	30.9
Confused or disoriented residents.	51	67.1	59.1	55.4
Residents with bed sores.	8	10.5	5.7	4.8
Residents receiving special skin care.	42	55.3	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	NOT MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084	F085*	F100	F126	F127*	F128*	F139	F170
F173*	F191*	F237*	F259	F288	F346		

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SAN JACINTO METHODIST HOSP

Street Address:		City and State:	
1101 DECKER DR		BAYTOWN, TX 77520	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	57	PROPRIETARY	11/28/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
32	25	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	29	90.6	85.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	32	100	85.0	84.0
Toileting				
Residents requiring some or total assistance in toileting.	31	96.9	75.5	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	100	75.3	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	29	90.6	71.4	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	28	87.5	44.1	39.1
Completely bedfast residents.	6	18.8	10.9	3.2
Residents confined to chairs.	25	78.1	54.2	52.3
Residents requiring restraints.	3	9.4	35.7	40.4
Confused or disoriented residents.	23	71.9	59.5	58.6
Residents with bed sores.	12	37.5	9.2	7.6
Residents receiving special skin care.	15	46.9	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	NOT MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085* F130 F132* F135 F320 F340*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ST JAMES HOUSE OF BAYTOWN

Street Address:		City and State:	
5800 BAKER RD		BAYTOWN, TX 77520	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	105	NON-PROFIT RELIGIOUS	08/25/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
98	0	24

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	64	65.3	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	64	65.3	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	59	60.2	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	58	59.2	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	55	56.1	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	39	39.8	33.4	30.4
Completely bedfast residents.	3	3.1	6.6	2.8
Residents confined to chairs.	40	40.8	50.2	40.9
Residents requiring restraints.	22	22.4	30.9	30.9
Confused or disoriented residents.	43	43.9	59.1	55.4
Residents with bed sores.	1	1.0	5.7	4.8
Residents receiving special skin care.	0	0.0	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	363	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F134 F288 F294 F332* F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
A W SCHLESINGER GERIATRIC CTR INC

Street Address:		City and State:	
4195 MILAM STREET		BEAUMONT, TX 77707	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	396	NON-PROFIT PRIVATE	10/20/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
309	21	201

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	248	80.3	85.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	254	82.2	85.0	84.0
Toileting				
Residents requiring some or total assistance in toileting.	232	75.1	75.5	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	243	78.6	75.3	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	243	78.6	71.4	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	129	41.7	44.1	39.1
Completely bedfast residents.	55	17.8	10.9	3.2
Residents confined to chairs.	159	51.5	54.2	52.3
Residents requiring restraints.	54	17.5	35.7	40.4
Confused or disoriented residents.	109	35.3	59.5	58.6
Residents with bed sores.	36	11.7	9.2	7.6
Residents receiving special skin care.	73	23.6	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	NOT MET	NOT MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	NOT MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	NOT MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	NOT MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F103	F105	F123*	F124	F125*	F126	F127*	F128*
F129*	F132*	F133*	F167*	F168*	F169	F170	F179
F182	F207	F225	F226	F227			

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CANTERBURY VILLA OF BEAUMONT

Street Address:		City and State:	
1175 DENTON DR		BEAUMONT, TX 77707	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	122	PROPRIETARY	10/13/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
86	0	75

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	50	58.1	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	62	72.1	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	62	72.1	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	55.8	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	62	72.1	62.2	59.1
Residents on individually written bowel and bladder retraining program.	3	3.5	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	14	16.3	33.4	30.4
Completely bedfast residents.	0	0.0	6.6	2.8
Residents confined to chairs.	22	25.6	50.2	40.9
Residents requiring restraints.	15	17.4	30.9	30.9
Confused or disoriented residents.	53	61.6	59.1	55.4
Residents with bed sores.	1	1.2	5.7	4.8
Residents receiving special skin care.	4	4.7	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	NOT MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F125* F249 F260 F261 F281 F288

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CLAIRMONT,THE

Street Address:		City and State:	
1020 S 23RD ST		BEAUMONT, TX 77707	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	128	PROPRIETARY	04/05/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
65	12	33

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	61	93.8	85.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	57	87.7	85.0	84.0
Toileting				
Residents requiring some or total assistance in toileting.	49	75.4	75.5	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	76.9	75.3	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	49	75.4	71.4	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	39	60.0	44.1	39.1
Completely bedfast residents.	4	6.2	10.9	3.2
Residents confined to chairs.	36	55.4	54.2	52.3
Residents requiring restraints.	20	30.8	35.7	40.4
Confused or disoriented residents.	42	64.6	59.5	58.6
Residents with bed sores.	3	4.6	9.2	7.6
Residents receiving special skin care.	3	4.6	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	NOT MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	NOT MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	NOT MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	NOT MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F117	F123*	F124	F126	F129*	F132*	F170	F179
F182	F191*	F199	F207	F236			

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
COLLEGE STREET NURSING CENTER

Street Address:		City and State:	
4150 COLLEGE AVE		BEAUMONT, TX 77707	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	80	PROPRIETARY	12/08/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
52	0	45

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	50	96.2	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	50	96.2	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	41	78.8	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	71.2	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	38	73.1	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	40.4	33.4	30.4
Completely bedfast residents.	2	3.8	6.6	2.8
Residents confined to chairs.	33	63.5	50.2	40.9
Residents requiring restraints.	22	42.3	30.9	30.9
Confused or disoriented residents.	37	71.2	59.1	55.4
Residents with bed sores.	3	5.8	5.7	4.8
Residents receiving special skin care.	3	5.8	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
GREEN ACRES CONV CTR PARKDALE

Street Address:		City and State:	
11025 OLD VOTH ROAD		BEAUMONT, TX 77708	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	116	NON-PROFIT OTHER	02/22/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
89	0	54

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	82	92.1	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	71	79.8	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	54	60.7	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	49.4	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	56	62.9	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	27.0	33.4	30.4
Completely bedfast residents.	3	3.4	6.6	2.8
Residents confined to chairs.	34	38.2	50.2	40.9
Residents requiring restraints.	24	27.0	30.9	30.9
Confused or disoriented residents.	63	70.8	59.1	55.4
Residents with bed sores.	1	1.1	5.7	4.8
Residents receiving special skin care.	3	3.4	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F133* F169

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HAMILTON NURSING HOME

Street Address:		City and State:	
2660 BRICKYARD RD		BEAUMONT, TX 77703	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	125	NON-PROFIT PRIVATE	01/18/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
111	0	33

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	99	89.2	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	93	83.8	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	84	75.7	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	93	83.8	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	82	73.9	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	46	41.4	33.4	30.4
Completely bedfast residents.	10	9.0	6.6	2.8
Residents confined to chairs.	78	70.3	50.2	40.9
Residents requiring restraints.	34	30.6	30.9	30.9
Confused or disoriented residents.	67	60.4	59.1	55.4
Residents with bed sores.	3	2.7	5.7	4.8
Residents receiving special skin care.	9	8.1	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
LINDBERGH HEALTH CARE CENTER

Street Address:		City and State:	
795 LINDBERGH		BEAUMONT, TX 77707	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	84	PROPRIETARY	11/10/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
70	1	62

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	61	87.1	85.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	65	92.9	85.0	84.0
Toileting				
Residents requiring some or total assistance in toileting.	54	77.1	75.5	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	91.4	75.3	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	64	91.4	71.4	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	43	61.4	44.1	39.1
Completely bedfast residents.	10	14.3	10.9	3.2
Residents confined to chairs.	40	57.1	54.2	52.3
Residents requiring restraints.	13	18.6	35.7	40.4
Confused or disoriented residents.	42	60.0	59.5	58.6
Residents with bed sores.	9	12.9	9.2	7.6
Residents receiving special skin care.	70	100	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	NOT MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	NOT MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F111*	F117	F124	F126	F127*	F132*	F133*	F134
F136	F167*	F169	F170	F204	F207	F248	F250
F341	F343	F345*					

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SABINE OAKS HOME

Street Address:		City and State:	
1945 PENNSYLVANIA AVE		BEAUMONT, TX 77701	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	40	NON-PROFIT PRIVATE	06/29/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
23	0	2

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	3	13.0	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	8	34.8	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	3	13.0	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	5	21.7	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	33.4	30.4
Completely bedfast residents.	0	0.0	6.6	2.8
Residents confined to chairs.	0	0.0	50.2	40.9
Residents requiring restraints.	0	0.0	30.9	30.9
Confused or disoriented residents.	5	21.7	59.1	55.4
Residents with bed sores.	0	0.0	5.7	4.8
Residents receiving special skin care.	2	8.7	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
ST ELIZABETH HOSP SNF

Street Address:		City and State:	
2830 CALDER AVE		BEAUMONT, TX 77702	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE SNF	20	NON-PROFIT RELIGIOUS	01/24/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
1	1	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	1	100	85.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	1	100	85.0	84.0
Toileting				
Residents requiring some or total assistance in toileting.	1	100	75.5	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	1	100	75.3	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	1	100	71.4	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	1	100	44.1	39.1
Completely bedfast residents.	1	100	10.9	3.2
Residents confined to chairs.	0	0.0	54.2	52.3
Residents requiring restraints.	1	100	35.7	40.4
Confused or disoriented residents.	1	100	59.5	58.6
Residents with bed sores.	0	0.0	9.2	7.6
Residents receiving special skin care.	1	100	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	NOT MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	NOT MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	NOT MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	NOT MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	NOT MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	NOT MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084	F114	F119	F123*	F124	F126	F130	F131*
F132*	F134	F135	F137	F140	F142	F167*	F169
F170	F179	F180	F182	F207	F217	F218*	F221
F239	F240	F242*	F243	F244	F245	F246	F248
F250							

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HEARTLAND HLTH CARE CTR OF BEDFORD

Street Address:		City and State:	
2001 FOREST RIDGE DR		BEDFORD, TX 76021	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	120	PROPRIETARY	04/05/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION? YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
2	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	2	100	85.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	2	100	85.0	84.0
Toileting				
Residents requiring some or total assistance in toileting.	2	100	75.5	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	2	100	75.3	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	2	100	71.4	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	1	50.0	44.1	39.1
Completely bedfast residents.	1	50.0	10.9	3.2
Residents confined to chairs.	1	50.0	54.2	52.3
Residents requiring restraints.	2	100	35.7	40.4
Confused or disoriented residents.	2	100	59.5	58.6
Residents with bed sores.	1	50.0	9.2	7.6
Residents receiving special skin care.	1	50.0	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
HEB NURSING CARE CENTER

Street Address:		City and State:	
2716 TIBBETS DRIVE		BEDFORD, TX 76021	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	160	PROPRIETARY	10/06/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
69	0	48

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	60	87.0	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	54	78.3	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	47	68.1	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	65.2	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	50	72.5	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	29.0	33.4	30.4
Completely bedfast residents.	3	4.3	6.6	2.8
Residents confined to chairs.	45	65.2	50.2	40.9
Residents requiring restraints.	32	46.4	30.9	30.9
Confused or disoriented residents.	45	65.2	59.1	55.4
Residents with bed sores.	8	11.6	5.7	4.8
Residents receiving special skin care.	15	21.7	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F099	F101	F102	F132*	F134	F139	F170	F173*
F260	F285	F287	F288	F293*	F296	F297	F313*
F314	F318	F332*					

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
LA DORA LODGE NH

Street Address:		City and State:	
1960 BEDFORD RD		BEDFORD, TX 76021	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	66	PROPRIETARY	03/30/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
50	0	50

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	49	98.0	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	44	88.0	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	38	76.0	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	86.0	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	36	72.0	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	10	20.0	33.4	30.4
Completely bedfast residents.	1	2.0	6.6	2.8
Residents confined to chairs.	30	60.0	50.2	40.9
Residents requiring restraints.	20	40.0	30.9	30.9
Confused or disoriented residents.	21	42.0	59.1	55.4
Residents with bed sores.	1	2.0	5.7	4.8
Residents receiving special skin care.	8	16.0	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F127*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ARBOR CARE CENTER

Street Address:		City and State:	
4901 N ST MARYS		BEEVILLE, TX 78102	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	101	PROPRIETARY	04/13/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
91	9	64

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	76	83.5	85.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	74	81.3	85.0	84.0
Toileting				
Residents requiring some or total assistance in toileting.	78	85.7	75.5	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	78	85.7	75.3	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	53	58.2	71.4	69.4
Residents on individually written bowel and bladder retraining program.	4	4.4	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	34	37.4	44.1	39.1
Completely bedfast residents.	0	0.0	10.9	3.2
Residents confined to chairs.	62	68.1	54.2	52.3
Residents requiring restraints.	25	27.5	35.7	40.4
Confused or disoriented residents.	69	75.8	59.5	58.6
Residents with bed sores.	3	3.3	9.2	7.6
Residents receiving special skin care.	7	7.7	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F061	F118	F128*	F170	F194	F199	F236	F242*
F256	F287	F322*					

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HILLSIDE LODGE NURSING AND CONV CTR

Street Address:		City and State:	
600 HILLSIDE DR		BEEVILLE, TX 78102	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	10/19/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
81	4	61

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	77	95.1	85.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	71	87.7	85.0	84.0
Toileting				
Residents requiring some or total assistance in toileting.	39	48.1	75.5	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	53.1	75.3	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	39	48.1	71.4	69.4
Residents on individually written bowel and bladder retraining program.	8	9.9	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	19	23.5	44.1	39.1
Completely bedfast residents.	0	0.0	10.9	3.2
Residents confined to chairs.	37	45.7	54.2	52.3
Residents requiring restraints.	25	30.9	35.7	40.4
Confused or disoriented residents.	46	56.8	59.5	58.6
Residents with bed sores.	5	6.2	9.2	7.6
Residents receiving special skin care.	5	6.2	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	NOT MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	NOT MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	NOT MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	NOT MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	NOT MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F056	F060	F061	F075	F080*	F096	F097	F102
F105	F123*	F126	F132*	F134	F173*	F191*	F224
F244	F261	F263					

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
COLONIAL BELLE NURSING HOME

Street Address:		City and State:	
106 N BARON STREET		BELLVILLE, TX 77418	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	75	PROPRIETARY	03/10/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
74	1	38

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	61	82.4	85.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	64	86.5	85.0	84.0
Toileting				
Residents requiring some or total assistance in toileting.	55	74.3	75.5	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	58	78.4	75.3	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	55	74.3	71.4	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	33	44.6	44.1	39.1
Completely bedfast residents.	6	8.1	10.9	3.2
Residents confined to chairs.	3	4.1	54.2	52.3
Residents requiring restraints.	36	48.6	35.7	40.4
Confused or disoriented residents.	45	60.8	59.5	58.6
Residents with bed sores.	16	21.6	9.2	7.6
Residents receiving special skin care.	16	21.6	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F170 F206 F256 F333 F342

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SWEETBRIAR NURSING HOME

Street Address:		City and State:	
1515 HIGHWAY 36 NORTH BOX 638		BELLVILLE, TX 77418	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	170	PROPRIETARY	10/26/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
102	0	64

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	80	78.4	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	80	78.4	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	67	65.7	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	64.7	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	65	63.7	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	44	43.1	33.4	30.4
Completely bedfast residents.	2	2.0	6.6	2.8
Residents confined to chairs.	64	62.7	50.2	40.9
Residents requiring restraints.	32	31.4	30.9	30.9
Confused or disoriented residents.	55	53.9	59.1	55.4
Residents with bed sores.	5	4.9	5.7	4.8
Residents receiving special skin care.	2	2.0	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	NOT MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	NOT MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F237* F263 F346 F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CRESTVIEW MANOR NURSING CENTER

Street Address:		City and State:	
1103 MARY JANE STREET		BELTON, TX 76513	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	91	PROPRIETARY	02/23/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
71	8	42

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	29	40.8	85.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	57	80.3	85.0	84.0
Toileting				
Residents requiring some or total assistance in toileting.	56	78.9	75.5	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	78.9	75.3	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	55	77.5	71.4	69.4
Residents on individually written bowel and bladder retraining program.	5	7.0	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	36	50.7	44.1	39.1
Completely bedfast residents.	0	0.0	10.9	3.2
Residents confined to chairs.	51	71.8	54.2	52.3
Residents requiring restraints.	17	23.9	35.7	40.4
Confused or disoriented residents.	43	60.6	59.5	58.6
Residents with bed sores.	7	9.9	9.2	7.6
Residents receiving special skin care.	2	2.8	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F126 F191* F309 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
PARK PLACE MANOR

Street Address:		City and State:	
810 EAST 13TH AVE		BELTON, TX 76513	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	120	PROPRIETARY	06/28/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
102	0	69

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	42	41.2	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	51	50.0	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	58	56.9	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	64.7	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	53	52.0	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	22.5	33.4	30.4
Completely bedfast residents.	0	0.0	6.6	2.8
Residents confined to chairs.	42	41.2	50.2	40.9
Residents requiring restraints.	19	18.6	30.9	30.9
Confused or disoriented residents.	81	79.4	59.1	55.4
Residents with bed sores.	0	0.0	5.7	4.8
Residents receiving special skin care.	25	24.5	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F191* F289

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
TRINITY HILLS MANOR

Street Address:		City and State:	
1000 MCKINLEY ST		BENBROOK, TX 76126	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	133	PROPRIETARY	05/18/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
82	5	59

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	71	86.6	85.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	66	80.5	85.0	84.0
Toileting				
Residents requiring some or total assistance in toileting.	58	70.7	75.5	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	67	81.7	75.3	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	70	85.4	71.4	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	28.0	44.1	39.1
Completely bedfast residents.	3	3.7	10.9	3.2
Residents confined to chairs.	55	67.1	54.2	52.3
Residents requiring restraints.	15	18.3	35.7	40.4
Confused or disoriented residents.	45	54.9	59.5	58.6
Residents with bed sores.	8	9.8	9.2	7.6
Residents receiving special skin care.	10	12.2	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	NOT MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F170 F235 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BERTRAM NH

Street Address:		City and State:	
HIGHWAY 29 BOX 209		BERTRAM, TX 78605	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	32	PROPRIETARY	08/18/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
29	0	17

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	27	93.1	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	21	72.4	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	16	55.2	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	19	65.5	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	18	62.1	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	5	17.2	33.4	30.4
Completely bedfast residents.	0	0.0	6.6	2.8
Residents confined to chairs.	18	62.1	50.2	40.9
Residents requiring restraints.	5	17.2	30.9	30.9
Confused or disoriented residents.	17	58.6	59.1	55.4
Residents with bed sores.	0	0.0	5.7	4.8
Residents receiving special skin care.	2	6.9	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F135 F298 F344

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
REAGAN COUNTY CARE CENTER

Street Address:		City and State:	
805 N MAIN		BIG LAKE, TX 76932	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	48	LOCAL GOVERNMENT	09/20/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
40	0	18

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	33	82.5	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	24	60.0	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	19	47.5	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	20	50.0	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	19	47.5	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	12	30.0	33.4	30.4
Completely bedfast residents.	1	2.5	6.6	2.8
Residents confined to chairs.	20	50.0	50.2	40.9
Residents requiring restraints.	13	32.5	30.9	30.9
Confused or disoriented residents.	29	72.5	59.1	55.4
Residents with bed sores.	4	10.0	5.7	4.8
Residents receiving special skin care.	4	10.0	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F226 F227

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
GOLDEN PLAINS CARE CENTER

Street Address:		City and State:	
901 GOLIAD		BIG SPRING, TX 79720	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	150	PROPRIETARY	06/07/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
131	0	93

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	127	96.9	85.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	99	75.6	85.0	84.0
Toileting				
Residents requiring some or total assistance in toileting.	97	74.0	75.5	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	93	71.0	75.3	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	103	78.6	71.4	69.4
Residents on individually written bowel and bladder retraining program.	37	28.2	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	36	27.5	44.1	39.1
Completely bedfast residents.	13	9.9	10.9	3.2
Residents confined to chairs.	82	62.6	54.2	52.3
Residents requiring restraints.	42	32.1	35.7	40.4
Confused or disoriented residents.	80	61.1	59.5	58.6
Residents with bed sores.	7	5.3	9.2	7.6
Residents receiving special skin care.	24	18.3	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F118 F120 F126 F127* F139 F191* F199 F293*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MOUNTAIN VIEW LODGE INC

Street Address:		City and State:	
2009 VIRGINIA		BIG SPRING, TX 79720	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	92	PROPRIETARY	09/27/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
83	0	51

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	82	98.8	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	65	78.3	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	63	75.9	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	61	73.5	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	68	81.9	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	27.7	33.4	30.4
Completely bedfast residents.	3	3.6	6.6	2.8
Residents confined to chairs.	52	62.7	50.2	40.9
Residents requiring restraints.	25	30.1	30.9	30.9
Confused or disoriented residents.	52	62.7	59.1	55.4
Residents with bed sores.	6	7.2	5.7	4.8
Residents receiving special skin care.	7	8.4	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	NOT MET	NOT MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F125* F127* F196* F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SCENIC MOUNTAIN MED CTR INC

Street Address:		City and State:	
1601 W 11TH PLACE		BIG SPRING, TX 79720	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE SNF	33	PROPRIETARY	08/02/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
11	11	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	11	100	85.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	11	100	85.0	84.0
Toileting				
Residents requiring some or total assistance in toileting.	11	100	75.5	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	11	100	75.3	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	11	100	71.4	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	100	44.1	39.1
Completely bedfast residents.	10	90.9	10.9	3.2
Residents confined to chairs.	1	9.1	54.2	52.3
Residents requiring restraints.	1	9.1	35.7	40.4
Confused or disoriented residents.	11	100	59.5	58.6
Residents with bed sores.	0	0.0	9.2	7.6
Residents receiving special skin care.	2	18.2	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	NOT MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F119 F140 F167* F169 F170 F222 F224

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BLANCO HEALTH CARE CENTER

Street Address:		City and State:	
THIRD AND ELM STREET		BLANCO, TX 78606	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	42	PROPRIETARY	05/24/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
38	0	24

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	33	86.8	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	30	78.9	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	27	71.1	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	89.5	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	21	55.3	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	34.2	33.4	30.4
Completely bedfast residents.	0	0.0	6.6	2.8
Residents confined to chairs.	7	18.4	50.2	40.9
Residents requiring restraints.	8	21.1	30.9	30.9
Confused or disoriented residents.	13	34.2	59.1	55.4
Residents with bed sores.	0	0.0	5.7	4.8
Residents receiving special skin care.	7	18.4	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085* F134 F328

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
LIVE OAK MEDICAL NURSING CENTER

Street Address:		City and State:	
618 EAST LIVE OAK STREET		BLANCO, TX 78606	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	64	PROPRIETARY	05/24/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
48	0	32

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	45	93.8	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	36	75.0	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	33	68.8	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	68.8	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	26	54.2	62.2	59.1
Residents on individually written bowel and bladder retraining program.	7	14.6	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	27.1	33.4	30.4
Completely bedfast residents.	0	0.0	6.6	2.8
Residents confined to chairs.	20	41.7	50.2	40.9
Residents requiring restraints.	5	10.4	30.9	30.9
Confused or disoriented residents.	24	50.0	59.1	55.4
Residents with bed sores.	0	0.0	5.7	4.8
Residents receiving special skin care.	1	2.1	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
HILL TOP NURSING HOME

Street Address:		City and State:	
200 RYAN ST		BOERNE, TX 78006	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	74	PROPRIETARY	11/30/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
55	0	25

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	45	81.8	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	45	81.8	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	38	69.1	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	72.7	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	31	56.4	62.2	59.1
Residents on individually written bowel and bladder retraining program.	12	21.8	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	41.8	33.4	30.4
Completely bedfast residents.	5	9.1	6.6	2.8
Residents confined to chairs.	33	60.0	50.2	40.9
Residents requiring restraints.	20	36.4	30.9	30.9
Confused or disoriented residents.	23	41.8	59.1	55.4
Residents with bed sores.	1	1.8	5.7	4.8
Residents receiving special skin care.	9	16.4	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F096 F333

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
TOWN AND COUNTRY MANOR

Street Address:		City and State:	
625 N MAIN STREET		BOERNE, TX 78006	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	131	PROPRIETARY	05/25/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
129	17	53

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing				
Residents requiring some or total assistance in bathing.	126	97.7	85.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	104	80.6	85.0	84.0
Toileting				
Residents requiring some or total assistance in toileting.	80	62.0	75.5	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	91	70.5	75.3	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	87	67.4	71.4	69.4
Residents on individually written bowel and bladder retraining program.	2	1.6	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	34	26.4	44.1	39.1
Completely bedfast residents.	0	0.0	10.9	3.2
Residents confined to chairs.	76	58.9	54.2	52.3
Residents requiring restraints.	3	2.3	35.7	40.4
Confused or disoriented residents.	86	66.7	59.5	58.6
Residents with bed sores.	9	7.0	9.2	7.6
Residents receiving special skin care.	24	18.6	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMPER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	NOT MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	NOT MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	NOT MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F050 F051* F073* F128* F294

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
RED RIVER HAVEN NURSING HOME

Street Address:		City and State:	
319 PARIS ROAD		BOGATA, TX 75417	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	154	PROPRIETARY	09/15/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
129	0	107

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	113	87.6	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	94	72.9	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	75	58.1	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	88	68.2	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	80	62.0	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	58	45.0	33.4	30.4
Completely bedfast residents.	15	11.6	6.6	2.8
Residents confined to chairs.	61	47.3	50.2	40.9
Residents requiring restraints.	30	23.3	30.9	30.9
Confused or disoriented residents.	51	39.5	59.1	55.4
Residents with bed sores.	3	2.3	5.7	4.8
Residents receiving special skin care.	15	11.6	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F085* F283 F285 F287

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BONHAM NURSING CENTER

Street Address:		City and State:	
709 W 5TH ST		BONHAM, TX 75418	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	65	PROPRIETARY	01/05/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
62	0	47

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	62	100	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	48	77.4	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	44	71.0	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	62	100	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	35	56.5	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	21.0	33.4	30.4
Completely bedfast residents.	1	1.6	6.6	2.8
Residents confined to chairs.	31	50.0	50.2	40.9
Residents requiring restraints.	5	8.1	30.9	30.9
Confused or disoriented residents.	47	75.8	59.1	55.4
Residents with bed sores.	5	8.1	5.7	4.8
Residents receiving special skin care.	12	19.4	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F236

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
FAIRVIEW NURS HME

Street Address:		City and State:	
1500 NORTH KENNEDY STREET		BONHAM, TX 75418	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	103	PROPRIETARY	12/08/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
40	0	30

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	25	62.5	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	32	80.0	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	33	82.5	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	22	55.0	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	20	50.0	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	5	12.5	33.4	30.4
Completely bedfast residents.	5	12.5	6.6	2.8
Residents confined to chairs.	19	47.5	50.2	40.9
Residents requiring restraints.	5	12.5	30.9	30.9
Confused or disoriented residents.	10	25.0	59.1	55.4
Residents with bed sores.	2	5.0	5.7	4.8
Residents receiving special skin care.	6	15.0	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F127* F131* F139 F250 F264 F313* F318

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SEVEN OAKS CONVALESCENT CARE

Street Address:		City and State:	
901 SEVEN OAKS ROAD		BONHAM, TX 75418	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	108	PROPRIETARY	06/08/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
103	0	75

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	67	65.0	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	62	60.2	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	59	57.3	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	53	51.5	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	58	56.3	62.2	59.1
Residents on individually written bowel and bladder retraining program.	24	23.3	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	26	25.2	33.4	30.4
Completely bedfast residents.	2	1.9	6.6	2.8
Residents confined to chairs.	58	56.3	50.2	40.9
Residents requiring restraints.	31	30.1	30.9	30.9
Confused or disoriented residents.	71	68.9	59.1	55.4
Residents with bed sores.	4	3.9	5.7	4.8
Residents receiving special skin care.	26	25.2	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F099 F127* F134 F139 F312 F314 F328 F346 F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
TWIN OAKS MANOR

Street Address:		City and State:	
112 PIONEER DRIVE		BOOKER, TX 79005	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	61	LOCAL GOVERNMENT	09/27/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
44	0	9

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	32	72.7	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	39	88.6	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	28	63.6	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	81.8	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	22	50.0	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	12	27.3	33.4	30.4
Completely bedfast residents.	5	11.4	6.6	2.8
Residents confined to chairs.	13	29.5	50.2	40.9
Residents requiring restraints.	3	6.8	30.9	30.9
Confused or disoriented residents.	19	43.2	59.1	55.4
Residents with bed sores.	6	13.6	5.7	4.8
Residents receiving special skin care.	16	36.4	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	N/A	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	N/A	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	N/A	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F194 F262

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
AUTUMN CARE MANOR NURSING HOME

Street Address:		City and State:	
200 TYLER ST		BORGER, TX 79007	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	58	PROPRIETARY	09/19/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
26	0	17

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	25	96.2	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	25	96.2	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	24	92.3	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	88.5	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	20	76.9	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	10	38.5	33.4	30.4
Completely bedfast residents.	2	7.7	6.6	2.8
Residents confined to chairs.	20	76.9	50.2	40.9
Residents requiring restraints.	8	30.8	30.9	30.9
Confused or disoriented residents.	11	42.3	59.1	55.4
Residents with bed sores.	3	11.5	5.7	4.8
Residents receiving special skin care.	3	11.5	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F055 F056 F196* F262 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BORGER NURSING CENTER

Street Address:		City and State:	
1316 S FLORIDA		BORGER, TX 79007	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	110	PROPRIETARY	12/20/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
71	0	54

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	65	91.5	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	53	74.6	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	44	62.0	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	78.9	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	40	56.3	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0		
Eating				
Residents receiving tube feedings or requiring assistance with eating.				
Completely bedfast residents.				
Residents confined to chairs.				
Residents requiring restraints.				
Confused or disoriented residents.				
Residents with bed sores.				
Residents receiving special skin care.				

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	NOT MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F055	F056	F084	F126	F191*	F236	F260	F262
F278	F289	F293*	F294	F295	F313*	F314	F316
F332*	F345*						

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BELLMIRE HOME

Street Address:		City and State:	
1101 ROCK STREET		BOWIE, TX 76230	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	201	PROPRIETARY	10/11/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
60	0	50

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	53	88.3	85.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	55	91.7	85.0	84.0
Toileting				
Residents requiring some or total assistance in toileting.	51	85.0	75.5	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	86.7	75.3	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	48	80.0	71.4	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	18	30.0	44.1	39.1
Completely bedfast residents.	16	26.7	10.9	3.2
Residents confined to chairs.	31	51.7	54.2	52.3
Residents requiring restraints.	12	20.0	35.7	40.4
Confused or disoriented residents.	47	78.3	59.5	58.6
Residents with bed sores.	2	3.3	9.2	7.6
Residents receiving special skin care.	8	13.3	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET / NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	NOT MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F224 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BOWIE MANOR NURSING CENTER

Street Address:		City and State:	
601 CENTRAL AVE		BOWIE, TX 76230	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	95	PROPRIETARY	03/16/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
77	0	44

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	69	89.6	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	49	63.6	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	62	80.5	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	62	80.5	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	69	89.6	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	18	23.4	33.4	30.4
Completely bedfast residents.	3	3.9	6.6	2.8
Residents confined to chairs.	55	71.4	50.2	40.9
Residents requiring restraints.	22	28.6	30.9	30.9
Confused or disoriented residents.	63	81.8	59.1	55.4
Residents with bed sores.	1	1.3	5.7	4.8
Residents receiving special skin care.	9	11.7	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F294 F314

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
LEISURE LODGE BRADY

Street Address:		City and State:	
2201 MENARD HWY BOX 551		BRADY, TX 76825	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	110	PROPRIETARY	10/05/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
52	0	39

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	49	94.2	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	41	78.8	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	30	57.7	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	59.6	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	22	42.3	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	10	19.2	33.4	30.4
Completely bedfast residents.	13	25.0	6.6	2.8
Residents confined to chairs.	10	19.2	50.2	40.9
Residents requiring restraints.	13	25.0	30.9	30.9
Confused or disoriented residents.	24	46.2	59.1	55.4
Residents with bed sores.	3	5.8	5.7	4.8
Residents receiving special skin care.	52	100	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F199 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SHUFFIELD REST HOME INC 1

Street Address:		City and State:	
1605 S BRADLEY		BRADY, TX 76825	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	67	PROPRIETARY	01/25/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
61	0	46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	58	95.1	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	41	67.2	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	34	55.7	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	55.7	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	28	45.9	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	19	31.1	33.4	30.4
Completely bedfast residents.	10	16.4	6.6	2.8
Residents confined to chairs.	23	37.7	50.2	40.9
Residents requiring restraints.	14	23.0	30.9	30.9
Confused or disoriented residents.	35	57.4	59.1	55.4
Residents with bed sores.	3	4.9	5.7	4.8
Residents receiving special skin care.	10	16.4	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
SHUFFIELD REST HOME INC 2

Street Address:		City and State:	
US HWY 87 S		BRADY, TX 76825	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	60	PROPRIETARY	01/31/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
58	0	44

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	58	100	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	47	81.0	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	40	69.0	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	62.1	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	40	69.0	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	43.1	33.4	30.4
Completely bedfast residents.	9	15.5	6.6	2.8
Residents confined to chairs.	29	50.0	50.2	40.9
Residents requiring restraints.	29	50.0	30.9	30.9
Confused or disoriented residents.	31	53.4	59.1	55.4
Residents with bed sores.	4	6.9	5.7	4.8
Residents receiving special skin care.	6	10.3	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F199

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
LAKE COUNTRY MANOR

Street Address:		City and State:	
1901 W ELLIOTT		BRECKENRIDGE, TX 76024	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	72	PROPRIETARY	07/19/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
49	0	33

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	30	61.2	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	33	67.3	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	28	57.1	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	29	59.2	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder contrcl.	25	51.0	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	18	36.7	33.4	30.4
Completely bedfast residents.	0	0.0	6.6	2.8
Residents confined to chairs.	31	63.3	50.2	40.9
Residents requiring restraints.	20	40.8	30.9	30.9
Confused or disoriented residents.	26	53.1	59.1	55.4
Residents with bed sores.	2	4.1	5.7	4.8
Residents receiving special skin care.	19	38.8	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	NOT MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions	MET	NOT MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F099	F101	F102	F127*	F135	F168*	F169	F170
F180	F181*	F182	F235	F236	F241	F242*	F249
F260	F261	F262	F289	F296	F297	F298	F314
F315	F316	F328	F332*	F346	F348	F349	

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
VILLA HAVEN NURSING CENTER

Street Address:		City and State:	
300 S JACKSON		BRECKENRIDGE, TX 76024	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	92	PROPRIETARY	01/18/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
59	0	40

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	55	93.2	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	38	64.4	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	34	57.6	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	64.4	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	29	49.2	62.2	59.1
Residents on individually written bowel and bladder retraining program.	8	13.6	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	9	15.3	33.4	30.4
Completely bedfast residents.	2	3.4	6.6	2.8
Residents confined to chairs.	10	16.9	50.2	40.9
Residents requiring restraints.	7	11.9	30.9	30.9
Confused or disoriented residents.	36	61.0	59.1	55.4
Residents with bed sores.	4	6.8	5.7	4.8
Residents receiving special skin care.	40	67.8	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	NOT MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	NOT MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F180 F182 F194 F196* F199 F287 F289 F296 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BREMOND NURSING CENTER

Street Address:		City and State:	
200 N MAIN STREET		BREMOND, TX 76629	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	94	PROPRIETARY	04/19/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
68	0	56

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	26	38.2	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	45	66.2	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	30	44.1	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	47.1	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	30	44.1	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	30	44.1	33.4	30.4
Completely bedfast residents.	0	0.0	6.6	2.8
Residents confined to chairs.	31	45.6	50.2	40.9
Residents requiring restraints.	19	27.9	30.9	30.9
Confused or disoriented residents.	35	51.5	59.1	55.4
Residents with bed sores.	2	2.9	5.7	4.8
Residents receiving special skin care.	7	10.3	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BRENHAM REST HME

Street Address:		City and State:	
406 COTTONWOOD ST		BRENHAM, TX 77833	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	108	PROPRIETARY	03/23/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
100	0	54

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	89	89.0	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	74	74.0	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	70	70.0	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	63	63.0	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	59	59.0	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	27	27.0	33.4	30.4
Completely bedfast residents.	3	3.0	6.6	2.8
Residents confined to chairs.	37	37.0	50.2	40.9
Residents requiring restraints.	21	21.0	30.9	30.9
Confused or disoriented residents.	55	55.0	59.1	55.4
Residents with bed sores.	2	2.0	5.7	4.8
Residents receiving special skin care.	3	3.0	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F130 F134

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SWEETBRIAR NURSING HOME

Street Address:		City and State:	
401 EAST HORTON STREET		BRENHAM, TX 77833	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	265	PROPRIETARY	11/17/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
229	12	142

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	217	94.8	85.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	181	79.0	85.0	84.0
Toileting				
Residents requiring some or total assistance in toileting.	165	72.1	75.5	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	158	69.0	75.3	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	174	76.0	71.4	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	112	48.9	44.1	39.1
Completely bedfast residents.	14	6.1	10.9	3.2
Residents confined to chairs.	134	58.5	54.2	52.3
Residents requiring restraints.	108	47.2	35.7	40.4
Confused or disoriented residents.	183	79.9	59.5	58.6
Residents with bed sores.	33	14.4	9.2	7.6
Residents receiving special skin care.	94	41.0	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	NOT MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	88	24.4	3729	36.3

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LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F127* F131* F205 F227 F259 F264 F324* F332*
F342 F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
GREEN ACRES CONVALESCENT CTR

Street Address:		City and State:	
625 MEADOWLAWN		BRIDGE CITY, TX 77611	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	106	PROPRIETARY	01/04/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
58	0	43

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	47	81.0	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	40	69.0	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	40	69.0	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	69.0	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	30	51.7	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	22.4	33.4	30.4
Completely bedfast residents.	4	6.9	6.6	2.8
Residents confined to chairs.	31	53.4	50.2	40.9
Residents requiring restraints.	9	15.5	30.9	30.9
Confused or disoriented residents.	22	37.9	59.1	55.4
Residents with bed sores.	3	5.2	5.7	4.8
Residents receiving special skin care.	5	8.6	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BRIDGEPORT CARE CENTER

Street Address:		City and State:	
1ST AT CATES		BRIDGEPORT, TX 76026	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	98	PROPRIETARY	11/16/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
69	10	44

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	65	94.2	85.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	52	75.4	85.0	84.0
Toileting				
Residents requiring some or total assistance in toileting.	41	59.4	75.5	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	60.9	75.3	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	48	69.6	71.4	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	50	72.5	44.1	39.1
Completely bedfast residents.	13	18.8	10.9	3.2
Residents confined to chairs.	26	37.7	54.2	52.3
Residents requiring restraints.	8	11.6	35.7	40.4
Confused or disoriented residents.	30	43.5	59.5	58.6
Residents with bed sores.	5	7.2	9.2	7.6
Residents receiving special skin care.	23	33.3	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	NOT MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F117 F181*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
PARK HAVEN HEALTHCARE CENTER

Street Address:		City and State:	
2108 15TH PO BOX 08		BRIDGEPORT, TX 76026	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	112	PROPRIETARY	06/22/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
53	0	28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	47	88.7	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	45	84.9	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	38	71.7	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	60.4	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	42	79.2	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	20.8	33.4	30.4
Completely bedfast residents.	4	7.5	6.6	2.8
Residents confined to chairs.	15	28.3	50.2	40.9
Residents requiring restraints.	9	17.0	30.9	30.9
Confused or disoriented residents.	32	60.4	59.1	55.4
Residents with bed sores.	2	3.8	5.7	4.8
Residents receiving special skin care.	14	26.4	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	N/A	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATICN	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	N/A	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	N/A	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F170 F264

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BRONTE NH

Street Address:		City and State:	
900 STATE ST		BRONTE, TX 76933	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	40	LOCAL GOVERNMENT	03/28/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
37	0	37

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	34	91.9	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	30	81.1	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	27	73.0	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	73.0	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	27	73.0	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	40.5	33.4	30.4
Completely bedfast residents.	4	10.8	6.6	2.8
Residents confined to chairs.	25	67.6	50.2	40.9
Residents requiring restraints.	11	29.7	30.9	30.9
Confused or disoriented residents.	22	59.5	59.1	55.4
Residents with bed sores.	0	0.0	5.7	4.8
Residents receiving special skin care.	5	13.5	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
BROOKSHIRE NURSING CENTER

Street Address:		City and State:	
710 HWY 359 SOUTH		BROOKSHIRE, TX 77423	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	134	NON-PROFIT PRIVATE	08/11/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
102	0	53

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	50	49.0	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	84	82.4	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	77	75.5	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	77	75.5	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	58	56.9	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	21.6	33.4	30.4
Completely bedfast residents.	6	5.9	6.6	2.8
Residents confined to chairs.	55	53.9	50.2	40.9
Residents requiring restraints.	14	13.7	30.9	30.9
Confused or disoriented residents.	92	90.2	59.1	55.4
Residents with bed sores.	3	2.9	5.7	4.8
Residents receiving special skin care.	6	5.9	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	NOT MET	NOT MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BROWNFIELD NURSING HOME

Street Address:		City and State:	
510 SOUTH 1ST AVE		BROWNFIELD, TX 79316	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	54	PROPRIETARY	05/11/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
47	0	28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	27	57.4	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	44	93.6	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	44	93.6	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	91.5	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	39	83.0	62.2	59.1
Residents on individually written bowel and bladder retraining program.	4	8.5	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	31.9	33.4	30.4
Completely bedfast residents.	3	6.4	6.6	2.8
Residents confined to chairs.	24	51.1	50.2	40.9
Residents requiring restraints.	0	0.0	30.9	30.9
Confused or disoriented residents.	9	19.1	59.1	55.4
Residents with bed sores.	2	4.3	5.7	4.8
Residents receiving special skin care.	3	6.4	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085* F126 F224 F264 F294 F297

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SOUTH PLAINS NURSING CENTER

Street Address:		City and State:	
1101 E LAKE ST		BROWNFIELD, TX 79316	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	116	PROPRIETARY	11/17/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
60	0	43

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	56	93.3	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	46	76.7	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	38	63.3	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	60.0	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	37	61.7	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	18.3	33.4	30.4
Completely bedfast residents.	0	0.0	6.6	2.8
Residents confined to chairs.	34	56.7	50.2	40.9
Residents requiring restraints.	31	51.7	30.9	30.9
Confused or disoriented residents.	24	40.0	59.1	55.4
Residents with bed sores.	8	13.3	5.7	4.8
Residents receiving special skin care.	25	41.7	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	NOT MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F132* F133* F297

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BROWNSVILLE GOOD SAMARITAN CTR

Street Address:		City and State:	
510 PAREDES LINE RD		BROWNSVILLE, TX 78521	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	112	NON-PROFIT RELIGIOUS	10/05/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
90	2	81

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	85	94.4	85.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	89	98.9	85.0	84.0
Toileting				
Residents requiring some or total assistance in toileting.	69	76.7	75.5	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	69	76.7	75.3	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	65	72.2	71.4	69.4
Residents on individually written bowel and bladder retraining program.	1	1.1	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	46	51.1	44.1	39.1
Completely bedfast residents.	0	0.0	10.9	3.2
Residents confined to chairs.	68	75.6	54.2	52.3
Residents requiring restraints.	61	67.8	35.7	40.4
Confused or disoriented residents.	74	82.2	59.5	58.6
Residents with bed sores.	3	3.3	9.2	7.6
Residents receiving special skin care.	6	6.7	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F050 F098 F102 F119 F130 F224 F346 F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
EBONY LAKE CONV CENTER

Street Address:		City and State:	
1001 CENTRAL BLVD		BROWNSVILLE, TX 78520	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	11/17/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
52	3	21

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	35	67.3	85.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	43	82.7	85.0	84.0
Toileting				
Residents requiring some or total assistance in toileting.	46	88.5	75.5	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	76.9	75.3	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	46	88.5	71.4	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	48.1	44.1	39.1
Completely bedfast residents.	8	15.4	10.9	3.2
Residents confined to chairs.	34	65.4	54.2	52.3
Residents requiring restraints.	21	40.4	35.7	40.4
Confused or disoriented residents.	49	94.2	59.5	58.6
Residents with bed sores.	3	5.8	9.2	7.6
Residents receiving special skin care.	12	23.1	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F110 F116 F117 F119 F126 F169 F199 F260 F261

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MOTHER OF PERPETUAL HELP HOME

Street Address:		City and State:	
519 E MADISON AT 6TH ST		BROWNSVILLE, TX 78520	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	38	NON-PROFIT RELIGIOUS	02/02/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
33	0	22

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	28	84.8	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	27	81.8	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	21	63.6	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	22	66.7	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	23	69.7	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	10	30.3	33.4	30.4
Completely bedfast residents.	0	0.0	6.6	2.8
Residents confined to chairs.	20	60.6	50.2	40.9
Residents requiring restraints.	19	57.6	30.9	30.9
Confused or disoriented residents.	18	54.5	59.1	55.4
Residents with bed sores.	0	0.0	5.7	4.8
Residents receiving special skin care.	3	9.1	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F224

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
RETAMA MANOR NURSING CTR BROWNSVILLE

Street Address:		City and State:	
1415 W WASHINGTON ST		BROWNSVILLE, TX 78520	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	165	PROPRIETARY	03/30/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
55	0	50

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	28	50.9	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	38	69.1	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	35	63.6	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	63.6	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	34	61.8	62.2	59.1
Residents on individually written bowel and bladder retraining program.	2	3.6	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	17	30.9	33.4	30.4
Completely bedfast residents.	0	0.0	6.6	2.8
Residents confined to chairs.	26	47.3	50.2	40.9
Residents requiring restraints.	24	43.6	30.9	30.9
Confused or disoriented residents.	22	40.0	59.1	55.4
Residents with bed sores.	3	5.5	5.7	4.8
Residents receiving special skin care.	20	36.4	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F359

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
VALLEY GRANDE MANOR INC

Street Address:		City and State:	
901 WILDROSE LANE		BROWNSVILLE, TX 78520	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	180	NON-PROFIT RELIGIOUS	10/06/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
140	3	108

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	35	25.0	85.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	122	87.1	85.0	84.0
Toileting				
Residents requiring some or total assistance in toileting.	112	80.0	75.5	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	113	80.7	75.3	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	85	60.7	71.4	69.4
Residents on individually written bowel and bladder retraining program.	2	1.4	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	39	27.9	44.1	39.1
Completely bedfast residents.	6	4.3	10.9	3.2
Residents confined to chairs.	84	60.0	54.2	52.3
Residents requiring restraints.	34	24.3	35.7	40.4
Confused or disoriented residents.	70	50.0	59.5	58.6
Residents with bed sores.	4	2.9	9.2	7.6
Residents receiving special skin care.	4	2.9	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F224 F264 F359

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
VILLAGE AT VALLEY INN,THE

Street Address:		City and State:	
1040 F M 802		BROWNSVILLE, TX 78520	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE SNF	42	NON-PROFIT PRIVATE	04/05/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
2	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	1	50.0	85.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	1	50.0	85.0	84.0
Toileting				
Residents requiring some or total assistance in toileting.	0	0.0	75.5	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	75.3	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	0	0.0	71.4	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	44.1	39.1
Completely bedfast residents.	0	0.0	10.9	3.2
Residents confined to chairs.	0	0.0	54.2	52.3
Residents requiring restraints.	0	0.0	35.7	40.4
Confused or disoriented residents.	2	100	59.5	58.6
Residents with bed sores.	0	0.0	9.2	7.6
Residents receiving special skin care.	0	0.0	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F169

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BROWNWOOD CARE CTR

Street Address:		City and State:	
101 MILLER DR		BROWNWOOD, TX 76801	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	130	PROPRIETARY	09/28/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
117	0	94

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	115	98.3	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	72	61.5	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	64	54.7	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	63.2	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	69	59.0	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	32	27.4	33.4	30.4
Completely bedfast residents.	7	6.0	6.6	2.8
Residents confined to chairs.	78	66.7	50.2	40.9
Residents requiring restraints.	31	26.5	30.9	30.9
Confused or disoriented residents.	57	48.7	59.1	55.4
Residents with bed sores.	18	15.4	5.7	4.8
Residents receiving special skin care.	19	16.2	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	NOT MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102	F134	F135	F168*	F169	F170	F191*	F196*
F199	F261	F317	F332*	F345*	F348	F349	

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
C A R E INC NURSING CENTER

Street Address:		City and State:	
STAR ROUTE 3 BOX 6 A		BROWNWOOD, TX 76801	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	97	PROPRIETARY	12/14/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
70	0	54

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	65	92.9	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	65	92.9	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	40	57.1	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	57.1	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	42	60.0	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	29	41.4	33.4	30.4
Completely bedfast residents.	0	0.0	6.6	2.8
Residents confined to chairs.	42	60.0	50.2	40.9
Residents requiring restraints.	26	37.1	30.9	30.9
Confused or disoriented residents.	41	58.6	59.1	55.4
Residents with bed sores.	0	0.0	5.7	4.8
Residents receiving special skin care.	20	28.6	21.2	23.5

SELECTED PERFORMANCE INDICATORS

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Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F191*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CROSS COUNTRY CARE CENTER

Street Address:		City and State:	
1514 iNDIAN CREEK ROAD		BROWNWOOD, TX 76801	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	146	PROPRIETARY	07/13/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
85	0	63

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	74	87.1	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	64	75.3	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	53	62.4	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	63.5	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	52	61.2	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	30	35.3	33.4	30.4
Completely bedfast residents.	8	9.4	6.6	2.8
Residents confined to chairs.	42	49.4	50.2	40.9
Residents requiring restraints.	34	40.0	30.9	30.9
Confused or disoriented residents.	43	50.6	59.1	55.4
Residents with bed sores.	13	15.3	5.7	4.8
Residents receiving special skin care.	13	15.3	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	NOT MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F119	F125*	F126	F127*	F128*	F129*	F130	F132*
F133*	F134	F135	F136	F139	F170	F173*	F182
F199	F226	F227	F259	F260	F261	F288	F294
F298	F332*	F349					

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
OAK RIDGE MANOR INC

Street Address:		City and State:	
2501 MORRIS SHEPPARD DRIVE		BROWNWOOD, TX 76801	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	114	PROPRIETARY	01/04/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
61	0	30

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	49	80.3	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	39	63.9	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	35	57.4	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	72.1	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	24	39.3	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	5	8.2	33.4	30.4
Completely bedfast residents.	1	1.6	6.6	2.8
Residents confined to chairs.	30	49.2	50.2	40.9
Residents requiring restraints.	30	49.2	30.9	30.9
Confused or disoriented residents.	20	32.8	59.1	55.4
Residents with bed sores.	2	3.3	5.7	4.8
Residents receiving special skin care.	14	23.0	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F199 F328

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
PLANTATION NURSING HOME

Street Address:		City and State:	
405 W ANDERSON		BROWNWOOD, TX 76801	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	46	PROPRIETARY	06/23/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
24	0	17

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	18	75.0	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	18	75.0	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	17	70.8	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	17	70.8	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	14	58.3	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	7	29.2	33.4	30.4
Completely bedfast residents.	2	8.3	6.6	2.8
Residents confined to chairs.	16	66.7	50.2	40.9
Residents requiring restraints.	11	45.8	30.9	30.9
Confused or disoriented residents.	10	41.7	59.1	55.4
Residents with bed sores.	0	0.0	5.7	4.8
Residents receiving special skin care.	9	37.5	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	NOT MET	NOT MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	NOT MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085*	F105	F125*	F126	F127*	F136	F168*	F170
F182	F199	F224	F260	F261	F264	F288	F289
F294	F298	F328	F359				

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CRESTVIEW RETIREMENT COMMUNITY

Street Address:		City and State:	
2501 VILLA MARIA RD		BRYAN, TX 77802	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	57	NON-PROFIT RELIGIOUS	10/10/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
44	0	2

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	20	45.5	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	44	100	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	22	50.0	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	20	45.5	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	23	52.3	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	10	22.7	33.4	30.4
Completely bedfast residents.	1	2.3	6.6	2.8
Residents confined to chairs.	19	43.2	50.2	40.9
Residents requiring restraints.	13	29.5	30.9	30.9
Confused or disoriented residents.	26	59.1	59.1	55.4
Residents with bed sores.	1	2.3	5.7	4.8
Residents receiving special skin care.	10	22.7	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F288

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SHERWOOD HEALTH CARE INC

Street Address:		City and State:	
1401 MEMORIAL DR		BRYAN, TX 77802	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	246	PROPRIETARY	08/17/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
227	12	134

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	194	85.5	85.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	196	86.3	85.0	84.0
Toileting				
Residents requiring some or total assistance in toileting.	167	73.6	75.5	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	158	69.6	75.3	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	159	70.0	71.4	69.4
Residents on individually written bowel and bladder retraining program.	2	0.9	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	71	31.3	44.1	39.1
Completely bedfast residents.	5	2.2	10.9	3.2
Residents confined to chairs.	131	57.7	54.2	52.3
Residents requiring restraints.	86	37.9	35.7	40.4
Confused or disoriented residents.	128	56.4	59.5	58.6
Residents with bed sores.	8	3.5	9.2	7.6
Residents receiving special skin care.	28	12.3	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	NOT MET	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	NOT MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084	F085*	F105	F118	F126	F127*	F130	F134
F135	F173*	F182	F191*	F199	F257	F332*	F345*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ST JOSEPH HOSP AND HLTH CTR SNF

Street Address:		City and State:	
2801 FRANCISCAN DR		BRYAN, TX 77802	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE SNF	16	NON-PROFIT RELIGIOUS	07/14/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
13	10	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	7	53.8	85.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	11	84.6	85.0	84.0
Toileting				
Residents requiring some or total assistance in toileting.	12	92.3	75.5	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	11	84.6	75.3	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	12	92.3	71.4	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	6	46.2	44.1	39.1
Completely bedfast residents.	4	30.8	10.9	3.2
Residents confined to chairs.	3	23.1	54.2	52.3
Residents requiring restraints.	1	7.7	35.7	40.4
Confused or disoriented residents.	3	23.1	59.5	58.6
Residents with bed sores.	1	7.7	9.2	7.6
Residents receiving special skin care.	3	23.1	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/86	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F119 F135

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
UNIVERSITY HILLS NURSING CENTER

Street Address:		City and State:	
2001 EAST 29TH STREET		BRYAN, TX 77802	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	148	PROPRIETARY	01/26/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
91	13	56

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	85	93.4	85.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	67	73.6	85.0	84.0
Toileting				
Residents requiring some or total assistance in toileting.	62	68.1	75.5	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	71.4	75.3	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	49	53.8	71.4	69.4
Residents on individually written bowel and bladder retraining program.	2	2.2	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	61	67.0	44.1	39.1
Completely bedfast residents.	1	1.1	10.9	3.2
Residents confined to chairs.	41	45.1	54.2	52.3
Residents requiring restraints.	18	19.8	35.7	40.4
Confused or disoriented residents.	61	67.0	59.5	58.6
Residents with bed sores.	9	9.9	9.2	7.6
Residents receiving special skin care.	26	28.6	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F181* F199 F206 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BUFFALO NURSING HOME INC

Street Address:		City and State:	
PEARLSTONE ST AT HOSPITAL DRIVE		BUFFALO, TX 75831	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	60	PROPRIETARY	12/14/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
32	0	26

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	21	65.6	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	23	71.9	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	14	43.8	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	19	59.4	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	16	50.0	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	12	37.5	33.4	30.4
Completely bedfast residents.	0	0.0	6.6	2.8
Residents confined to chairs.	14	43.8	50.2	40.9
Residents requiring restraints.	2	6.3	30.9	30.9
Confused or disoriented residents.	13	40.6	59.1	55.4
Residents with bed sores.	1	3.1	5.7	4.8
Residents receiving special skin care.	7	21.9	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F139 F199 F264 F287 F294

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BUNA NH

Street Address:		City and State:	
HWY 96 NORTH		BUNA, TX 77612	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	60	PROPRIETARY	08/16/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
53	0	42

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	40	75.5	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	40	75.5	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	34	64.2	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	64.2	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	39	73.6	62.2	59.1
Residents on individually written bowel and bladder retraining program.	1	1.9	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	43.4	33.4	30.4
Completely bedfast residents.	11	20.8	6.6	2.8
Residents confined to chairs.	15	28.3	50.2	40.9
Residents requiring restraints.	13	24.5	30.9	30.9
Confused or disoriented residents.	25	47.2	59.1	55.4
Residents with bed sores.	0	0.0	5.7	4.8
Residents receiving special skin care.	3	5.7	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ilecstomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F099

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CARE MANOR NURSING CENTER

Street Address:		City and State:	
800 RED RIVER EXPWY		BURKBURNETT, TX 76354	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	74	PROPRIETARY	04/19/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
49	0	36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	47	95.9	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	38	77.6	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	34	69.4	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	75.5	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	35	71.4	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	12	24.5	33.4	30.4
Completely bedfast residents.	4	8.2	6.6	2.8
Residents confined to chairs.	17	34.7	50.2	40.9
Residents requiring restraints.	19	38.8	30.9	30.9
Confused or disoriented residents.	17	34.7	59.1	55.4
Residents with bed sores.	2	4.1	5.7	4.8
Residents receiving special skin care.	4	8.2	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F117 F119 F128* F262 F263 F294 F314

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
EVERGREEN CARE CENTER

Street Address:		City and State:	
406 E 7TH		BURKBURNETT, TX 76354	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	60	PROPRIETARY	11/22/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
59	0	46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	57	96.6	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	54	91.5	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	50	84.7	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	84.7	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	47	79.7	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	43	72.9	33.4	30.4
Completely bedfast residents.	0	0.0	6.6	2.8
Residents confined to chairs.	15	25.4	50.2	40.9
Residents requiring restraints.	20	33.9	30.9	30.9
Confused or disoriented residents.	48	81.4	59.1	55.4
Residents with bed sores.	1	1.7	5.7	4.8
Residents receiving special skin care.	2	3.4	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085* F102 F126 F134 F170 F199 F285

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BURLESON NURSING CENTER

Street Address:		City and State:	
144 SW THOMAS		BURLESON, TX 76028	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	126	PROPRIETARY	12/23/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
80	2	58

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	70	87.5	85.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	63	78.7	85.0	84.0
Toileting				
Residents requiring some or total assistance in toileting.	57	71.2	75.5	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	81.3	75.3	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	56	70.0	71.4	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	39	48.7	44.1	39.1
Completely bedfast residents.	2	2.5	10.9	3.2
Residents confined to chairs.	55	68.8	54.2	52.3
Residents requiring restraints.	46	57.5	35.7	40.4
Confused or disoriented residents.	56	70.0	59.5	58.6
Residents with bed sores.	6	7.5	9.2	7.6
Residents receiving special skin care.	57	71.2	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	NOT MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F051*	F085*	F102	F126	F167*	F168*	F169	F170
F235	F241	F260	F261	F284	F287	F332*	

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HUGULEY NURSING CTR

Street Address:		City and State:	
301 HUGULEY BLVD		BURLESON, TX 76028	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	178	NON-PROFIT RELIGIOUS	04/19/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
137	12	66

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	67	48.9	85.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	93	67.9	85.0	84.0
Toileting				
Residents requiring some or total assistance in toileting.	94	68.6	75.5	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	55.5	75.3	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	72	52.6	71.4	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	36	26.3	44.1	39.1
Completely bedfast residents.	13	9.5	10.9	3.2
Residents confined to chairs.	41	29.9	54.2	52.3
Residents requiring restraints.	45	32.8	35.7	40.4
Confused or disoriented residents.	42	30.7	59.5	58.6
Residents with bed sores.	11	8.0	9.2	7.6
Residents receiving special skin care.	20	14.6	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	NOT MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	NOT MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	NOT MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	NOT MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	NOT MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F114	F115	F116	F122*	F123*	F124	F126	F131*
F132*	F142	F167*	F168*	F169	F170	F182	F224
F240	F250	F259	F262	F264			

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SILVER HAVEN CARE CENTER

Street Address:		City and State:	
600 MAPLE		BURLESON, TX 76028	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	120	PROPRIETARY	07/19/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
120	0	77

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	112	93.3	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	76	63.3	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	74	61.7	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	63.3	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	65	54.2	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	59	49.2	33.4	30.4
Completely bedfast residents.	4	3.3	6.6	2.8
Residents confined to chairs.	66	55.0	50.2	40.9
Residents requiring restraints.	34	28.3	30.9	30.9
Confused or disoriented residents.	81	67.5	59.1	55.4
Residents with bed sores.	2	1.7	5.7	4.8
Residents receiving special skin care.	16	13.3	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

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THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
OAKS NH,THE

Street Address:		City and State:	
507 W JACKSON		BURNET, TX 78611	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	92	PROPRIETARY	02/23/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
62	0	47

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	50	80.6	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	43	69.4	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	43	69.4	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	69.4	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	48	77.4	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	32	51.6	33.4	30.4
Completely bedfast residents.	2	3.2	6.6	2.8
Residents confined to chairs.	41	66.1	50.2	40.9
Residents requiring restraints.	24	38.7	30.9	30.9
Confused or disoriented residents.	39	62.9	59.1	55.4
Residents with bed sores.	0	0.0	5.7	4.8
Residents receiving special skin care.	9	14.5	21.2	23.5

SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F224 F255 F289 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
LEISURE LODGE CALDWELL

Street Address:		City and State:	
701 N BROADWAY		CALDWELL, TX 77836	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	156	PROPRIETARY	09/22/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
127	0	98

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	113	89.0	81.3	78.5
Dressing Residents requiring some or total assistance in dressing.	120	94.5	78.0	76.5
Toileting Residents requiring some or total assistance in toileting.	108	85.0	66.3	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	95	74.8	68.5	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	95	74.8	62.2	59.1
Residents on individually written bowel and bladder retraining program.	3	2.4	2.5	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	67	52.8	33.4	30.4
Completely bedfast residents.	12	9.4	6.6	2.8
Residents confined to chairs.	83	65.4	50.2	40.9
Residents requiring restraints.	61	48.0	30.9	30.9
Confused or disoriented residents.	120	94.5	59.1	55.4
Residents with bed sores.	5	3.9	5.7	4.8
Residents receiving special skin care.	20	15.7	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085* F182 F294 F298

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CALVERT NURSING CENTER

Street Address:		City and State:	
701 BROWNING STREET		CALVERT, TX 77837	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	32	PROPRIETARY	09/12/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
27	0	23

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	15	55.6	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	19	70.4	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	21	77.8	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	19	70.4	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	12	44.4	62.2	59.1
Residents on individually written bowel and bladder retraining program.	6	22.2	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	40.7	33.4	30.4
Completely bedfast residents.	1	3.7	6.6	2.8
Residents confined to chairs.	7	25.9	50.2	40.9
Residents requiring restraints.	9	33.3	30.9	30.9
Confused or disoriented residents.	11	40.7	59.1	55.4
Residents with bed sores.	2	7.4	5.7	4.8
Residents receiving special skin care.	20	74.1	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	NOT MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F191* F242* F253 F262 F285 F294 F313* F345*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CAMERON NURSING HOME

Street Address:		City and State:	
700 E 11TH ST		CAMERON, TX 76520	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	43	PROPRIETARY	09/12/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
41	0	24

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	36	87.8	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	28	68.3	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	27	65.9	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	65.9	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	22	53.7	62.2	59.1
Residents on individually written bowel and bladder retraining program.	1	2.4	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	12	29.3	33.4	30.4
Completely bedfast residents.	1	2.4	6.6	2.8
Residents confined to chairs.	17	41.5	50.2	40.9
Residents requiring restraints.	18	43.9	30.9	30.9
Confused or disoriented residents.	37	90.2	59.1	55.4
Residents with bed sores.	2	4.9	5.7	4.8
Residents receiving special skin care.	2	4.9	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F191* F227 F250 F282

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
COLONIAL NURSING HOME

Street Address:		City and State:	
1002 E 10TH ST		CAMERON, TX 76520	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	84	PROPRIETARY	09/15/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
78	0	55

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	63	80.8	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	65	83.3	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	48	61.5	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	76.9	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	52	66.7	62.2	59.1
Residents on individually written bowel and bladder retraining program.	3	3.8	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	17	21.8	33.4	30.4
Completely bedfast residents.	2	2.6	6.6	2.8
Residents confined to chairs.	46	59.0	50.2	40.9
Residents requiring restraints.	32	41.0	30.9	30.9
Confused or disoriented residents.	67	85.9	59.1	55.4
Residents with bed sores.	5	6.4	5.7	4.8
Residents receiving special skin care.	5	6.4	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F117 F263 F282

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CAMP WOOD CONV CTR

Street Address:		City and State:	
HWY 55 BOX 310		CAMP WOOD, TX 78833	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	92	LOCAL GOVERNMENT	12/07/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
32	0	26

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	17	53.1	85.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	22	68.8	85.0	84.0
Toileting				
Residents requiring some or total assistance in toileting.	19	59.4	75.5	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	22	68.8	75.3	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	24	75.0	71.4	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	7	21.9	44.1	39.1
Completely bedfast residents.	3	9.4	10.9	3.2
Residents confined to chairs.	7	21.9	54.2	52.3
Residents requiring restraints.	4	12.5	35.7	40.4
Confused or disoriented residents.	21	65.6	59.5	58.6
Residents with bed sores.	0	0.0	9.2	7.6
Residents receiving special skin care.	2	6.3	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	NOT MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	NOT MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

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THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F139 F199 F322* F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
EDWARD ABRAHAM MEM HME INC

Street Address:		City and State:	
803 BIRCH		CANADIAN, TX 79014	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	59	NON-PROFIT PRIVATE	09/26/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
48	0	13

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	34	70.8	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	32	66.7	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	32	66.7	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	29	60.4	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	24	50.0	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	14	29.2	33.4	30.4
Completely bedfast residents.	0	0.0	6.6	2.8
Residents confined to chairs.	25	52.1	50.2	40.9
Residents requiring restraints.	17	35.4	30.9	30.9
Confused or disoriented residents.	18	37.5	59.1	55.4
Residents with bed sores.	2	4.2	5.7	4.8
Residents receiving special skin care.	6	12.5	21.2	23.5

SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F191* F262

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CANTON NURSING CENTER

Street Address:		City and State:	
1661 SOUTH BUFFALO STREET		CANTON, TX 75103	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	66	PROPRIETARY	01/10/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
62	0	49

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	61	98.4	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	51	82.3	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	33	53.2	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	50.0	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	20	32.3	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	24.2	33.4	30.4
Completely bedfast residents.	4	6.5	6.6	2.8
Residents confined to chairs.	26	41.9	50.2	40.9
Residents requiring restraints.	4	6.5	30.9	30.9
Confused or disoriented residents.	34	54.8	59.1	55.4
Residents with bed sores.	1	1.6	5.7	4.8
Residents receiving special skin care.	5	8.1	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F127* F129* F133* F175 F191* F293* F297

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HERITAGE MANOR

Street Address:		City and State:	
901 WEST COLLEGE STREET		CANTON, TX 75103	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	110	PROPRIETARY	02/02/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
105	0	69

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	87	82.9	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	74	70.5	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	51	48.6	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	51.4	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	43	41.0	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	27	25.7	33.4	30.4
Completely bedfast residents.	14	13.3	6.6	2.8
Residents confined to chairs.	39	37.1	50.2	40.9
Residents requiring restraints.	34	32.4	30.9	30.9
Confused or disoriented residents.	48	45.7	59.1	55.4
Residents with bed sores.	3	2.9	5.7	4.8
Residents receiving special skin care.	20	19.0	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F298 F314 F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
GOLDEN PLAINS CARE CENTER

Street Address:		City and State:	
15 HOSPITAL DRIVE		CANYON, TX 79015	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	90	PROPRIETARY	01/03/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
79	0	38

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	71	89.9	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	64	81.0	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	60	75.9	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	70.9	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	52	65.8	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	26	32.9	33.4	30.4
Completely bedfast residents.	6	7.6	6.6	2.8
Residents confined to chairs.	33	41.8	50.2	40.9
Residents requiring restraints.	34	43.0	30.9	30.9
Confused or disoriented residents.	68	86.1	59.1	55.4
Residents with bed sores.	5	6.3	5.7	4.8
Residents receiving special skin care.	7	8.9	21.2	23.5

SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F224 F236

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CANTERBURY VILLA OF CARRIZO SPRINGS

Street Address:		City and State:	
8TH AND CLARK STREETS		CARRIZO SPRINGS, TX 78834	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	100	PROPRIETARY	02/16/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
54	0	50

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	39	72.2	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	50	92.6	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	37	68.5	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	57.4	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	34	63.0	62.2	59.1
Residents on individually written bowel and bladder retraining program.	9	16.7	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	27.8	33.4	30.4
Completely bedfast residents.	10	18.5	6.6	2.8
Residents confined to chairs.	22	40.7	50.2	40.9
Residents requiring restraints.	18	33.3	30.9	30.9
Confused or disoriented residents.	13	24.1	59.1	55.4
Residents with bed sores.	6	11.1	5.7	4.8
Residents receiving special skin care.	17	31.5	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	NOT MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	NOT MET	NOT MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	NOT MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085*	F119	F125*	F126	F128*	F130	F132*	F133*
F134	F181*	F182	F191*	F199	F224	F261	F293*
F325	F332*	F345*					

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BROOKHAVEN NURSING CENTER

Street Address:		City and State:	
1855 CHEYENNE		CARROLLTON, TX 75010	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	180	PROPRIETARY	10/05/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
164	35	91

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	154	93.9	85.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	153	93.3	85.0	84.0
Toileting				
Residents requiring some or total assistance in toileting.	130	79.3	75.5	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	126	76.8	75.3	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	131	79.9	71.4	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	74	45.1	44.1	39.1
Completely bedfast residents.	7	4.3	10.9	3.2
Residents confined to chairs.	117	71.3	54.2	52.3
Residents requiring restraints.	87	53.0	35.7	40.4
Confused or disoriented residents.	111	67.7	59.5	58.6
Residents with bed sores.	26	15.9	9.2	7.6
Residents receiving special skin care.	65	39.6	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F055	F056	F102	F127*	F128*	F132*	F134	F168*
F169	F170	F264	F321	F322*	F332*	F349	F359

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CARROLLTON MANOR

Street Address:		City and State:	
1618 KIRBY RD		CARROLLTON, TX 75006	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	120	PROPRIETARY	07/20/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
63	0	48

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	62	98.4	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	56	88.9	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	29	46.0	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	42.9	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	29	46.0	62.2	59.1
Residents on individually written bowel and bladder retraining program.	1	1.6	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	20.6	33.4	30.4
Completely bedfast residents.	0	0.0	6.6	2.8
Residents confined to chairs.	35	55.6	50.2	40.9
Residents requiring restraints.	13	20.6	30.9	30.9
Confused or disoriented residents.	7	11.1	59.1	55.4
Residents with bed sores.	3	4.8	5.7	4.8
Residents receiving special skin care.	10	15.9	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F127* F134 F170 F294 F313* F314 F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
NORTHWOOD MANOR NURSING HOME

Street Address:		City and State:	
2135 DENTON DRIVE		CARROLLTON, TX 75006	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	150	PROPRIETARY	04/20/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
143	0	103

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	103	72.0	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	118	82.5	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	95	66.4	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	83	58.0	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	75	52.4	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	49	34.3	33.4	30.4
Completely bedfast residents.	0	0.0	6.6	2.8
Residents confined to chairs.	88	61.5	50.2	40.9
Residents requiring restraints.	52	36.4	30.9	30.9
Confused or disoriented residents.	91	63.6	59.1	55.4
Residents with bed sores.	9	6.3	5.7	4.8
Residents receiving special skin care.	34	23.8	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085* F127* F128*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
LEISURE LODGE CARTHAGE

Street Address:		City and State:	
701 S MARKET ST		CARTHAGE, TX 75633	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	104	PROPRIETARY	06/09/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
92	0	75

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	92	100	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	56	60.9	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	49	53.3	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	35.9	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	39	42.4	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	23.9	33.4	30.4
Completely bedfast residents.	12	13.0	6.6	2.8
Residents confined to chairs.	27	29.3	50.2	40.9
Residents requiring restraints.	14	15.2	30.9	30.9
Confused or disoriented residents.	92	100	59.1	55.4
Residents with bed sores.	1	1.1	5.7	4.8
Residents receiving special skin care.	10	10.9	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F119 F134 F293* F313* F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
PANOLA NH

Street Address:		City and State:	
501 COTTAGE RD		CARTHAGE, TX 75633	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	108	NON-PROFIT OTHER	01/12/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
101	0	69

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	87	86.1	85.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	80	79.2	85.0	84.0
Toileting				
Residents requiring some or total assistance in toileting.	91	90.1	75.5	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	77	76.2	75.3	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	74	73.3	71.4	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	32	31.7	44.1	39.1
Completely bedfast residents.	31	30.7	10.9	3.2
Residents confined to chairs.	54	53.5	54.2	52.3
Residents requiring restraints.	29	28.7	35.7	40.4
Confused or disoriented residents.	66	65.3	59.5	58.6
Residents with bed sores.	7	6.9	9.2	7.6
Residents receiving special skin care.	15	14.9	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	NOT MET	NOT MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	NOT MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician	NOT MET	MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F123* F128* F130 F131* F227 F294 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CEDAR HILL NURSING CENTER

Street Address:		City and State:	
230 SOUTH CLARK ROAD		CEDAR HILL, TX 75104	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	120	PROPRIETARY	07/06/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
114	0	82

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	89	78.1	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	89	78.1	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	85	74.6	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	78	68.4	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	97	85.1	62.2	59.1
Residents on individually written bowel and bladder retraining program.	6	5.3	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	66	57.9	33.4	30.4
Completely bedfast residents.	6	5.3	6.6	2.8
Residents confined to chairs.	83	72.8	50.2	40.9
Residents requiring restraints.	38	33.3	30.9	30.9
Confused or disoriented residents.	92	80.7	59.1	55.4
Residents with bed sores.	4	3.5	5.7	4.8
Residents receiving special skin care.	10	8.8	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F127* F134 F259 F294 F313*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
NEW HOPE MANOR

Street Address:		City and State:	
1623 WEST NEW HOPE DRIVE		CEDAR PARK, TX 78613	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	120	PROPRIETARY	10/27/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
79	0	61

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	79	100	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	61	77.2	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	47	59.5	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	77	97.5	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	41	51.9	62.2	59.1
Residents on individually written bowel and bladder retraining program.	13	16.5	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	10	12.7	33.4	30.4
Completely bedfast residents.	0	0.0	6.6	2.8
Residents confined to chairs.	43	54.4	50.2	40.9
Residents requiring restraints.	24	30.4	30.9	30.9
Confused or disoriented residents.	36	45.6	59.1	55.4
Residents with bed sores.	4	5.1	5.7	4.8
Residents receiving special skin care.	4	5.1	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085* F127* F132* F134

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CELINA CARE CENTER

Street Address:		City and State:	
601 OHIO CIRCLE PO BOX 158		CELINA, TX 75009	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	88	PROPRIETARY	02/07/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
47	0	33

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	47	100	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	41	87.2	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	43	91.5	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	100	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	44	93.6	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	31.9	33.4	30.4
Completely bedfast residents.	0	0.0	6.6	2.8
Residents confined to chairs.	25	53.2	50.2	40.9
Residents requiring restraints.	22	46.8	30.9	30.9
Confused or disoriented residents.	26	55.3	59.1	55.4
Residents with bed sores.	0	0.0	5.7	4.8
Residents receiving special skin care.	13	27.7	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F085* F086 F294 F314

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
GREEN ACRES CONV CTR

Street Address:		City and State:	
P O BOX 1470		CENTER, TX 75935	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	102	PROPRIETARY	02/09/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
59	0	50

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	39	66.1	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	46	78.0	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	42	71.2	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	67.8	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	39	66.1	62.2	59.1
Residents on individually written bowel and bladder retraining program.	1	1.7	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	30	50.8	33.4	30.4
Completely bedfast residents.	5	8.5	6.6	2.8
Residents confined to chairs.	23	39.0	50.2	40.9
Residents requiring restraints.	18	30.5	30.9	30.9
Confused or disoriented residents.	32	54.2	59.1	55.4
Residents with bed sores.	2	3.4	5.7	4.8
Residents receiving special skin care.	4	6.8	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F170 F259 F294 F314

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HOLIDAY NURSING CENTER

Street Address:	City and State:		
100 HOLIDAY CIRCLE	CENTER, TX 75935		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	137	PROPRIETARY	01/04/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
111	3	90

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	93	83.8	85.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	91	82.0	85.0	84.0
Toileting				
Residents requiring some or total assistance in toileting.	65	58.6	75.5	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	57.7	75.3	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	73	65.8	71.4	69.4
Residents on individually written bowel and bladder retraining program.	1	0.9	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	45	40.5	44.1	39.1
Completely bedfast residents.	0	0.0	10.9	3.2
Residents confined to chairs.	16	14.4	54.2	52.3
Residents requiring restraints.	6	5.4	35.7	40.4
Confused or disoriented residents.	14	12.6	59.5	58.6
Residents with bed sores.	0	0.0	9.2	7.6
Residents receiving special skin care.	0	0.0	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	NOT MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

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THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F182 F207 F236 F237* F294

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
PINE GROVE NURSING CENTER

Street Address:		City and State:	
HALEY AVENUE AT LOOP 500		CENTER, TX 75935	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	120	PROPRIETARY	11/09/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
82	0	49

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	41	50.0	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	53	64.6	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	55	67.1	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	62.2	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	42	51.2	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	26.8	33.4	30.4
Completely bedfast residents.	2	2.4	6.6	2.8
Residents confined to chairs.	30	36.6	50.2	40.9
Residents requiring restraints.	10	12.2	30.9	30.9
Confused or disoriented residents.	18	22.0	59.1	55.4
Residents with bed sores.	1	1.2	5.7	4.8
Residents receiving special skin care.	4	4.9	21.2	23.5

SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F198 F199 F287 F314 F333

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
LEISURE LODGE CENTERVILLE

Street Address:		City and State:	
103 TEAKWOOD CENTER DRAWER 158		CENTERVILLE, TX 75833	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	100	PROPRIETARY	06/09/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
58	0	44

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	58	100	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	47	81.0	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	35	60.3	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	77.6	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	39	67.2	62.2	59.1
Residents on individually written bowel and bladder retraining program.	1	1.7	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	18	31.0	33.4	30.4
Completely bedfast residents.	12	20.7	6.6	2.8
Residents confined to chairs.	26	44.8	50.2	40.9
Residents requiring restraints.	10	17.2	30.9	30.9
Confused or disoriented residents.	36	62.1	59.1	55.4
Residents with bed sores.	8	13.8	5.7	4.8
Residents receiving special skin care.	6	10.3	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F128* F170 F294

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CHANDLER NURSING CENTER

Street Address:		City and State:	
ROUTE 2 BOX 2624		CHANDLER, TX 75758	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	60	PROPRIETARY	12/02/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
54	0	41

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	31	57.4	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	43	79.6	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	29	53.7	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	72.2	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	40	74.1	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	18	33.3	33.4	30.4
Completely bedfast residents.	6	11.1	6.6	2.8
Residents confined to chairs.	18	33.3	50.2	40.9
Residents requiring restraints.	20	37.0	30.9	30.9
Confused or disoriented residents.	18	33.3	59.1	55.4
Residents with bed sores.	0	0.0	5.7	4.8
Residents receiving special skin care.	11	20.4	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F187 F259 F262 F293* F359

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CHILDRESS NURSING CENTER

Street Address:		City and State:	
1200 7TH ST NW		CHILDRESS, TX 79201	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	120	PROPRIETARY	05/04/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
70	0	45

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	61	87.1	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	59	84.3	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	56	80.0	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	74.3	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	46	65.7	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	28	40.0	33.4	30.4
Completely bedfast residents.	8	11.4	6.6	2.8
Residents confined to chairs.	36	51.4	50.2	40.9
Residents requiring restraints.	25	35.7	30.9	30.9
Confused or disoriented residents.	46	65.7	59.1	55.4
Residents with bed sores.	6	8.6	5.7	4.8
Residents receiving special skin care.	21	30.0	21.2	23.5

SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F139 F181* F191*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
TURNER NURSING HOME

Street Address:		City and State:	
1610 AVE G N W		CHILDRESS, TX 79201	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	60	PROPRIETARY	04/05/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
52	0	44

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	32	61.5	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	43	82.7	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	39	75.0	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	86.5	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	39	75.0	62.2	59.1
Residents on individually written bowel and bladder retraining program.	7	13.5	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	25.0	33.4	30.4
Completely bedfast residents.	4	7.7	6.6	2.8
Residents confined to chairs.	29	55.8	50.2	40.9
Residents requiring restraints.	16	30.8	30.9	30.9
Confused or disoriented residents.	38	73.1	59.1	55.4
Residents with bed sores.	6	11.5	5.7	4.8
Residents receiving special skin care.	6	11.5	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F169 F170 F294 F314

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
IRIS HAVEN NURSING CONV CTR

Street Address:	City and State:		
209 AVE I BOX 667	CHILLICOTHE, TX 79225		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	46	PROPRIETARY	11/16/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
36	0	27

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	22	61.1	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	23	63.9	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	23	63.9	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	22	61.1	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	22	61.1	62.2	59.1
Residents on individually written bowel and bladder retraining program.	6	16.7	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	69.4	33.4	30.4
Completely bedfast residents.	14	38.9	6.6	2.8
Residents confined to chairs.	6	16.7	50.2	40.9
Residents requiring restraints.	8	22.2	30.9	30.9
Confused or disoriented residents.	36	100	59.1	55.4
Residents with bed sores.	1	2.8	5.7	4.8
Residents receiving special skin care.	16	44.4	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085* F285

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CHRISTOVAL GOLDEN YEARS NH INC

Street Address:		City and State:	
116 MCKEE ST		CHRISTOVAL, TX 76935	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	44	PROPRIETARY	02/22/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
33	0	19

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	19	57.6	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	20	60.6	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	19	57.6	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	19	57.6	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	32	97.0	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	10	30.3	33.4	30.4
Completely bedfast residents.	0	0.0	6.6	2.8
Residents confined to chairs.	12	36.4	50.2	40.9
Residents requiring restraints.	0	0.0	30.9	30.9
Confused or disoriented residents.	20	60.6	59.1	55.4
Residents with bed sores.	1	3.0	5.7	4.8
Residents receiving special skin care.	11	33.3	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F134

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CANTERBURY VILLA OF CISCO

Street Address:		City and State:	
1404 FRONT ST		CISCO, TX 76437	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	106	PROPRIETARY	11/10/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
59	0	46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	39	66.1	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	43	72.9	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	45	76.3	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	69.5	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	38	64.4	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	29	49.2	33.4	30.4
Completely bedfast residents.	2	3.4	6.6	2.8
Residents confined to chairs.	10	16.9	50.2	40.9
Residents requiring restraints.	20	33.9	30.9	30.9
Confused or disoriented residents.	40	67.8	59.1	55.4
Residents with bed sores.	3	5.1	5.7	4.8
Residents receiving special skin care.	8	13.6	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F169 F194 F196* F199 F242* F260 F328 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MEDICAL CTR NURSING HOME

Street Address:		City and State:	
BOX 1007 HWY 70 N		CLARENDON, TX 79226	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	43	LOCAL GOVERNMENT	07/13/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
42	0	31

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	41	97.6	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	39	92.9	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	34	81.0	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	92.9	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	33	78.6	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	59.5	33.4	30.4
Completely bedfast residents.	7	16.7	6.6	2.8
Residents confined to chairs.	27	64.3	50.2	40.9
Residents requiring restraints.	14	33.3	30.9	30.9
Confused or disoriented residents.	32	76.2	59.1	55.4
Residents with bed sores.	5	11.9	5.7	4.8
Residents receiving special skin care.	0	0.0	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F055 F056 F223 F224 F294 F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CLARKSVILLE NURSING CENTER

Street Address:		City and State:	
300 E BAKER ST		CLARKSVILLE, TX 75426	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	132	PROPRIETARY	10/11/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YE.

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
116	0	104

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	95	81.9	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	93	80.2	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	85	73.3	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	92	79.3	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	73	62.9	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	26	22.4	33.4	30.4
Completely bedfast residents.	46	39.7	6.6	2.8
Residents confined to chairs.	32	27.6	50.2	40.9
Residents requiring restraints.	35	30.2	30.9	30.9
Confused or disoriented residents.	75	64.7	59.1	55.4
Residents with bed sores.	4	3.4	5.7	4.8
Residents receiving special skin care.	0	0.0	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	NOT MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	NOT MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F105	F125*	F126	F127*	F128*	F131*	F132*	F134
F139	F175	F257	F298	F312	F313*	F314	F318
F328							

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
REGENCY NURSING CENTER INC

Street Address:		City and State:	
ROUTE 1 HIGHWAY 82 WEST		CLARKVILLE, TX 75426	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	120	PROPRIETARY	05/03/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
9	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	7	77.8	61.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	7	77.8	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	7	77.8	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	7	77.8	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	2	22.2	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	6	66.7	33.4	30.4
Completely bedfast residents.	0	0.0	6.6	2.8
Residents confined to chairs.	7	77.8	50.2	40.9
Residents requiring restraints.	1	11.1	30.9	30.9
Confused or disoriented residents.	0	0.0	59.1	55.4
Residents with bed sores.	0	0.0	5.7	4.8
Residents receiving special skin care.	0	0.0	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months	N/A	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	N/A	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	N/A	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	N/A	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F259

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
PALO DURO CONVALESCENT HOME INC

Street Address:		City and State:	
405 SOUTH COLLINS STREET		CLAUDE, TX 79019	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	56	PROPRIETARY	08/11/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
55	0	37

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	55	100	85.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	44	80.0	85.0	84.0
Toileting				
Residents requiring some or total assistance in toileting.	42	76.4	75.5	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	81.8	75.3	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	34	61.8	71.4	69.4
Residents on individually written bowel and bladder retraining program.	3	5.5	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	29	52.7	44.1	39.1
Completely bedfast residents.	21	38.2	10.9	3.2
Residents confined to chairs.	13	23.6	54.2	52.3
Residents requiring restraints.	14	25.5	35.7	40.4
Confused or disoriented residents.	15	27.3	59.5	58.6
Residents with bed sores.	4	7.3	9.2	7.6
Residents receiving special skin care.	6	10.9	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

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THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F055 F056 F283 F319 F332* F356

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CLEBURNE HEALTH CARE CENTER

Street Address:		City and State:	
1108 WEST KILPATRICK		CLEBURNE, TX 76031	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	02/10/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
110	5	83

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	79	71.8	85.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	76	69.1	85.0	84.0
Toileting				
Residents requiring some or total assistance in toileting.	57	51.8	75.5	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	49.1	75.3	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	55	50.0	71.4	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	44	40.0	44.1	39.1
Completely bedfast residents.	2	1.8	10.9	3.2
Residents confined to chairs.	47	42.7	54.2	52.3
Residents requiring restraints.	32	29.1	35.7	40.4
Confused or disoriented residents.	41	37.3	59.5	58.6
Residents with bed sores.	4	3.6	9.2	7.6
Residents receiving special skin care.	13	11.8	24.7	31.4

SELECTED PERFORMANCE INDICATORS

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			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
COLONIAL MANOR NURSING HOME

Street Address:		City and State:	
2035 N GRANBURY ST		CLEBURNE, TX 76031	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	150	PROPRIETARY	07/27/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
107	8	80

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	84	78.5	85.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	77	72.0	85.0	84.0
Toileting				
Residents requiring some or total assistance in toileting.	66	61.7	75.5	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	66.4	75.3	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	63	58.9	71.4	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	31	29.0	44.1	39.1
Completely bedfast residents.	12	11.2	10.9	3.2
Residents confined to chairs.	48	44.9	54.2	52.3
Residents requiring restraints.	9	8.4	35.7	40.4
Confused or disoriented residents.	45	42.1	59.5	58.6
Residents with bed sores.	5	4.7	9.2	7.6
Residents receiving special skin care.	30	28.0	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F231 F262 F325 F328 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
FIRESIDE LODGE INC

Street Address:		City and State:	
301 LINCOLN PARK DR		CLEBURNE, TX 76031	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	12/08/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
118	4	81

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	108	91.5	85.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	82	69.5	85.0	84.0
Toileting				
Residents requiring some or total assistance in toileting.	76	64.4	75.5	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	83	70.3	75.3	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	75	63.6	71.4	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	44	37.3	44.1	39.1
Completely bedfast residents.	21	17.8	10.9	3.2
Residents confined to chairs.	37	31.4	54.2	52.3
Residents requiring restraints.	5	4.2	35.7	40.4
Confused or disoriented residents.	65	55.1	59.5	58.6
Residents with bed sores.	6	5.1	9.2	7.6
Residents receiving special skin care.	14	11.9	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F207 F294 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
GOLDEN AGE NURSING HOME INC

Street Address:		City and State:	
1102 WILLIAMS ST		CLEBURNE, TX 76031	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	102	PROPRIETARY	02/24/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
72	8	48

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	53	73.6	85.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	54	75.0	85.0	84.0
Toileting				
Residents requiring some or total assistance in toileting.	34	47.2	75.5	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	62.5	75.3	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	55	76.4	71.4	69.4
Residents on individually written bowel and bladder retraining program.	10	13.9	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	19	26.4	44.1	39.1
Completely bedfast residents.	3	4.2	10.9	3.2
Residents confined to chairs.	37	51.4	54.2	52.3
Residents requiring restraints.	27	37.5	35.7	40.4
Confused or disoriented residents.	43	59.7	59.5	58.6
Residents with bed sores.	4	5.6	9.2	7.6
Residents receiving special skin care.	11	15.3	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	NOT MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	NOT MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F132* F133* F170 F224 F263 F289 F328

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
GALAXY MANOR NURS CTR

Street Address:		City and State:	
903 E HOUSTON		CLEVELAND, TX 77327	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	157	PROPRIETARY	09/28/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
131	0	122

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	92	70.2	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	106	80.9	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	79	60.3	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	50.4	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	72	55.0	62.2	59.1
Residents on individually written bowel and bladder retraining program.	18	13.7	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	45	34.4	33.4	30.4
Completely bedfast residents.	9	6.9	6.6	2.8
Residents confined to chairs.	96	73.3	50.2	40.9
Residents requiring restraints.	23	17.6	30.9	30.9
Confused or disoriented residents.	91	69.5	59.1	55.4
Residents with bed sores.	4	3.1	5.7	4.8
Residents receiving special skin care.	93	71.0	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085*	F115	F126	F131*	F132*	F134	F173*	F255
F283	F284	F294	F316	F328	F355		

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CLIFTON LUTHERAN SUNSET HOME

Street Address:		City and State:	
COLLEGE HILL		CLIFTON, TX 76634	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	180	NON-PROFIT RELIGIOUS	03/17/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
173	0	86

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	150	86.7	85.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	163	94.2	85.0	84.0
Toileting				
Residents requiring some or total assistance in toileting.	123	71.1	75.5	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	123	71.1	75.3	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	147	85.0	71.4	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	73	42.2	44.1	39.1
Completely bedfast residents.	50	28.9	10.9	3.2
Residents confined to chairs.	50	28.9	54.2	52.3
Residents requiring restraints.	101	58.4	35.7	40.4
Confused or disoriented residents.	150	86.7	59.5	58.6
Residents with bed sores.	11	6.4	9.2	7.6
Residents receiving special skin care.	73	42.2	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F131* F135 F182

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
GOODALL WITCHER HOSPITAL FOUNDATION

Street Address:	City and State:		
101 SOUTH AVE T	CLIFTON, TX 76634		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE SNF	13	PROPRIETARY	02/13/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
9	9	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	9	100	85.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	9	100	85.0	84.0
Toileting				
Residents requiring some or total assistance in toileting.	9	100	75.5	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	9	100	75.3	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	7	77.8	71.4	69.4
Residents on individually written bowel and bladder retraining program.	1	11.1	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	5	55.6	44.1	39.1
Completely bedfast residents.	2	22.2	10.9	3.2
Residents confined to chairs.	5	55.6	54.2	52.3
Residents requiring restraints.	2	22.2	35.7	40.4
Confused or disoriented residents.	4	44.4	59.5	58.6
Residents with bed sores.	2	22.2	9.2	7.6
Residents receiving special skin care.	4	44.4	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
CROSS HEALTH CARE CTR

Street Address:		City and State:	
914 N HWY 227		CLUTE, TX 77531	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	08/18/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
31	0	13

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	29	93.5	85.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	29	93.5	85.0	84.0
Toileting				
Residents requiring some or total assistance in toileting.	28	90.3	75.5	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	87.1	75.3	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	18	58.1	71.4	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	71.0	44.1	39.1
Completely bedfast residents.	0	0.0	10.9	3.2
Residents confined to chairs.	26	83.9	54.2	52.3
Residents requiring restraints.	19	61.3	35.7	40.4
Confused or disoriented residents.	20	64.5	59.5	58.6
Residents with bed sores.	3	9.7	9.2	7.6
Residents receiving special skin care.	2	6.5	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	NOT MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F104 F126 F127* F259

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
WOOD LAKE NURSING HOME

Street Address:		City and State:	
603 E PLANTATION		CLUTE, TX 77531	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	94	PROPRIETARY	02/17/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
81	0	41

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	64	79.0	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	61	75.3	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	62	76.5	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	56.8	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	62	76.5	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	31	38.3	33.4	30.4
Completely bedfast residents.	1	1.2	6.6	2.8
Residents confined to chairs.	47	58.0	50.2	40.9
Residents requiring restraints.	23	28.4	30.9	30.9
Confused or disoriented residents.	56	69.1	59.1	55.4
Residents with bed sores.	4	4.9	5.7	4.8
Residents receiving special skin care.	16	19.8	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	NOT MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

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THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F057 F058 F059 F173* F236 F237* F262 F294

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CLYDE NURSING CENTER

Street Address:		City and State:	
ROUTE 3 BOX 148 OLD HIGHWAY 80		CLYDE, TX 79510	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	48	PROPRIETARY	04/20/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
39	0	37

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	39	100	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	30	76.9	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	21	53.8	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	100	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	23	59.0	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	6	15.4	33.4	30.4
Completely bedfast residents.	1	2.6	6.6	2.8
Residents confined to chairs.	16	41.0	50.2	40.9
Residents requiring restraints.	12	30.8	30.9	30.9
Confused or disoriented residents.	23	59.0	59.1	55.4
Residents with bed sores.	5	12.8	5.7	4.8
Residents receiving special skin care.	6	15.4	21.2	23.5

SELECTED PERFORMANCE INDICATORS

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Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	NOT MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F099	F102	F135	F253	F262	F278	F287	F289
F294	F298	F332*	F344	F345*	F354		

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
COLEMAN CARE CENTER

Street Address:		City and State:	
FM 53		COLEMAN, TX 76834	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	74	NON-PROFIT OTHER	06/08/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
72	0	36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	67	93.1	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	60	83.3	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	55	76.4	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	83.3	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	46	63.9	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	32	44.4	33.4	30.4
Completely bedfast residents.	10	13.9	6.6	2.8
Residents confined to chairs.	19	26.4	50.2	40.9
Residents requiring restraints.	15	20.8	30.9	30.9
Confused or disoriented residents.	29	40.3	59.1	55.4
Residents with bed sores.	5	6.9	5.7	4.8
Residents receiving special skin care.	16	22.2	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F129* F169 F170 F224 F227 F259 F261 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
LEISURE LODGE COLEMAN

Street Address:		City and State:	
2713 COMMERCIAL AVE		COLEMAN, TX 76834	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	64	PROPRIETARY	10/05/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
42	0	42

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	33	78.6	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	35	83.3	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	27	64.3	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	64.3	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	25	59.5	62.2	59.1
Residents on individually written bowel and bladder retraining program.	4	9.5	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	10	23.8	33.4	30.4
Completely bedfast residents.	6	14.3	6.6	2.8
Residents confined to chairs.	21	50.0	50.2	40.9
Residents requiring restraints.	8	19.0	30.9	30.9
Confused or disoriented residents.	25	59.5	59.1	55.4
Residents with bed sores.	1	2.4	5.7	4.8
Residents receiving special skin care.	7	16.7	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	NOT MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085*	F127*	F132*	F134	F170	F180	F182	F191*
F199	F288	F294	F328	F332*	F345*		

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BRAZOS VALLEY GERIATRIC CENTER

Street Address:		City and State:	
1115 ANDERSON ST		COLLEGE STATION, TX 77840	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	142	PROPRIETARY	07/27/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
108	0	62

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	107	99.1	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	87	80.6	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	71	65.7	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	52.8	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	64	59.3	62.2	59.1
Residents on individually written bowel and bladder retraining program.	1	0.9	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	37	34.3	33.4	30.4
Completely bedfast residents.	2	1.9	6.6	2.8
Residents confined to chairs.	48	44.4	50.2	40.9
Residents requiring restraints.	26	24.1	30.9	30.9
Confused or disoriented residents.	55	50.9	59.1	55.4
Residents with bed sores.	4	3.7	5.7	4.8
Residents receiving special skin care.	41	38.0	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F127* F289 F293* F313*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
COLLINSVILLE CARE CENTER

Street Address:		City and State:	
400 MAIN ST BOX 51		COLLINSVILLE, TX 76233	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	88	PROPRIETARY	01/12/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
63	0	46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	53	84.1	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	47	74.6	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	49	77.8	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	63.5	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	44	69.8	62.2	59.1
Residents on individually written bowel and bladder retraining program.	9	14.3	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	34.9	33.4	30.4
Completely bedfast residents.	1	1.6	6.6	2.8
Residents confined to chairs.	38	60.3	50.2	40.9
Residents requiring restraints.	42	66.7	30.9	30.9
Confused or disoriented residents.	24	38.1	59.1	55.4
Residents with bed sores.	3	4.8	5.7	4.8
Residents receiving special skin care.	49	77.8	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	NOT MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F127* F135 F237* F257 F314 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
KRISTI LEE MANOR INC

Street Address:		City and State:	
1941 CHESTNUT STREET		COLORADO CITY, TX 79512	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	110	PROPRIETARY	05/18/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
73	0	48

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	39	53.4	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	46	63.0	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	33	45.2	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	42.5	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	22	30.1	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	7	9.6	33.4	30.4
Completely bedfast residents.	0	0.0	6.6	2.8
Residents confined to chairs.	27	37.0	50.2	40.9
Residents requiring restraints.	11	15.1	30.9	30.9
Confused or disoriented residents.	60	82.2	59.1	55.4
Residents with bed sores.	5	6.8	5.7	4.8
Residents receiving special skin care.	12	16.4	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. *A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F194 F196*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
VALLEY FAIR LODGE

Street Address:		City and State:	
1541 CHESTNUT		COLORADO CITY, TX 79512	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	50	LOCAL GOVERNMENT	06/28/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
47	0	30

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	45	95.7	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	44	93.6	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	39	83.0	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	78.7	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	32	68.1	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	19	40.4	33.4	30.4
Completely bedfast residents.	12	25.5	6.6	2.8
Residents confined to chairs.	22	46.8	50.2	40.9
Residents requiring restraints.	25	53.2	30.9	30.9
Confused or disoriented residents.	31	66.0	59.1	55.4
Residents with bed sores.	2	4.3	5.7	4.8
Residents receiving special skin care.	0	0.0	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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			#	%	#	%
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Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
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Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

PART B

MEDICARE / MEDICAID SKILLED NURSING FACILITY AND INTERMEDIATE CARE FACILITY SURVEY REPORT

PROVIDER NUMBER

VENDOR NUMBER

SURVEY DATE

FACILITY NAME AND ADDRESS (*City, State, Zip Code*)

SURVEYORS' NAMES | **TITLES**

SURVEY TEAM COMPOSITION

F1 Indicate the Number of Surveyors According to Disci[illegible]:

A.		Administrator	H.		Life Safety Code Specialist
B.		Nurse	I.		Laboratorian
C.		Dietitian	J.		Sanitarian
D.		Pharmacist	K.		Therapist
E.		Records Administr[illegible]	L.		Physician
F.		Social Worke[illegible]	M.		Psychologist
G.		Qualifi[illegible]tardation Professional	N.		Other

Note: Mo[illegible] than[illegible] d[illegible]line may be marked for surveyors qualified in multiple disciplines.

F[illegible]dicate t[illegible]al Number of Surveyors Onsite: _____

LONG TERM CARE SURVEY

APPENDIX

RESIDENT CENSUS AND CONDITIONS OF RESIDENTS

PROVIDER NO. _____ | F3 ☐ MEDICARE _____ | F4 ☐ MEDICAID _____ | F5 ☐ OTHER _____ | F6 TOTAL RESIDENTS _____

CODE		
	BATHING	
F7	___	Number of residents requiring assistance in bathing more than one part of body—or does not bathe self.
F8	___	Number of residents requiring assistance in bathing only a single part (as back or disabled extremity) or bathes self completely.
F9	___	**TOTAL***
	DRESSING	
F10	___	Number of residents totally dressed by another person.
F11	___	Number of residents needing assistance to dress self or remain partly dressed. (Exclude those residents totally dressed.)
F12	___	Number of residents able to get clothes from closets and drawers-puts on clothes, outer garments, braces-manages fasteners. Act of tying shoes is excluded.
F13	___	**TOTAL***
	TOILETING	
F14	___	Number of residents not toileted. (Use protective padding, catheter.)
F15	___	Number of residents who must use a bedpan or commode and/or receive assistance in getting to and using a toilet.
F16	___	Number of residents able to get to toilet—gets on and off toilet—cleans self—arranges clothes.
F17	___	**TOTAL***
	TRANSFERRING	
F18	___	Number of residents needing assistance in all transfers (moving in or out of bed and/or chair, toilet, tub transfers).
F19	___	Number of residents needing assistance in transferring to toilet and tub only.
F20	___	Number of residents able to complete all transfers independently (may or may not be using mechanical supports).
F21	___	**TOTAL***

CODE		
	CONTINENCE	
F22	___	Number of residents with indwelling or external catheters.
F23	___	Number of residents with partial or total incontinence in urination or defecation—partial or total control by suppositories or enemas, regulated use of urinals and/or bedpans.
F24	___	Number of residents with urination and defecation entirely self-controlled.
F25	___	**TOTAL***
	FEEDING	
F26	___	Number of residents who receive enteral/parenteral feedings.
F27	___	Number of residents who receive NG tube feedings.
F28	___	Number of residents who require assistance in act of eating.
F29	___	Number of residents who get food from plate or its equivalent into mouth—(pre-cutting of meat and preparation of food, buttering bread, opening cartons, removing plate covers, etc., are *excluded* from evaluation).
F30	___	**TOTAL***
F31	___	Number of completely bedfast residents.
F32	___	Number of chairbound residents.
F33	___	Number of ambulatory residents (may use cane, walker, or crutches).
F34	___	Number of physically restrained residents (belt, vest, cuffs).
F35	___	Number of residents receiving psychotropic drugs.
F36	___	Number of confused or disoriented residents.
F37	___	Number of residents with decubiti.
F38	___	Number of residents on individually written bowel and bladder retraining program.
F39	___	Number of residents receiving special skin care.
F40	___	Number of residents receiving intravenous therapy and/or blood transfusion.
F41	___	Number of residents requiring no assistance in ADLs.
F42	___	Number of residents on self-administration of drugs.
F43	___	Number of resident with contractures.
F44	___	Number of residents receiving respiratory care.
F45	___	Number of residents receiving tracheostomy care.
F46	___	Number of residents receiving suctioning.
F47	___	Number of residents receiving rehabilitative services (physical therapy, speech pathology and audiology, occupational therapy).
F48	___	Number of residents receiving injections.
F49	___	Number of residents receiving colostomy care.

*MUST EQUAL TOTAL NUMBER OF RESIDENTS IN FACILITY

NAME OF FACILITY

CODE	GOVERNING BODY	YES	NO	N/A	EXPLANATORY STATEMENT
	GOVERNING BODY *(CONDITION OF PARTICIPATION)*				
F50	SNF (405.1121) ☐ MET ☐ NOT MET				
	RESIDENT RIGHTS				
F51	SNF (405.1121(k)) (Standard) ☐ MET ☐ NOT MET **Indicators A thru K apply to this standard for SNFs**				
F52	ICF (442.311) (Standard) ☐ MET ☐ NOT MET **Indicators A thru K apply to this standard for ICFs**				
	A. Information				
F53	1. The facility informs each resident, before or at the time of admission, of his/her rights and responsibilities.				
F54	2. The facility informs each resident, before or at the time of admission, of all rules governing resident conduct.				
F55	3. The facility informs each resident of amendments to their policies on residents' rights and responsibilities and rules governing conduct.				
F56	4. Each resident acknowledges in writing receipt of residents' rights information and any amendment to it.				
F57	5. The resident must be informed in writing of all services and charges for services.				
F58	6. The resident must be informed in writing of all changes in services and charges before or at the time of admission and on a continuing basis.				
F59	7. The resident must be informed of services not covered by Medicare or Medicaid and not covered in the basic rate.				

NAME OF FACILITY

CODE	GOVERNING BODY	YES	NO	N/A	EXPLANATORY STATEMENT
	B. Medical Condition and Treatment				
F60	1. Each resident is informed by a physician of his/her health and medical condition unless the physician decides that informing the resident is medically contraindicated.				
F61	2. Each resident is given an opportunity to participate in planning his/her total care and medical treatment.				
F62	3. Each resident is given an opportunity to refuse treatment.				
F63	4. Each resident gives informed, written consent before participating in experimental research.				
F64	5. If the physician decides that informing the resident of his/her health and medical condition is medically contraindicated, the physician has documented this decision in the resident's medical record.				
	C. Transfer and Discharge				
	Each resident is transferred or discharged only for:				
F65	1. Medical reasons.				
F66	2. His/her welfare or that of other residents.				
F67	3. Nonpayment except as prohibited by the Medicare or Medicaid program.				
F68	4. Each resident is given reasonable advance notice to ensure orderly transfer or discharge. **Exception: Not required for ICF residents.**				
	D. Exercising Rights				
F69	1. Each resident is encouraged and assisted to exercise his/her rights as a resident of the facility and as a citizen.				
F70	2. Each resident is allowed to submit complaints and recommendations concerning the policies and services of the facility to staff or to outside representatives of the resident's choice or both.				

NAME OF FACILITY

CODE	GOVERNING BODY	YES	NO	N/A	EXPLANATORY STATEMENT
F71	3. Such complaints are submitted free from restraint, coercion, discrimination, or reprisal.				
	E. **Financial Affairs**				
F72	1. Residents are allowed to manage their own personal financial affairs.				
F73	2. The facility establishes and maintains a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility at least on a quarterly basis.				
F74	3. The facility does not commingle resident funds with any other funds.				
F75	4. If a resident requests assistance from the facility in managing his/her personal financial affairs, resident's delegation is in writing.				
	5. The facility system of accounting includes written receipts for:				
F76	All personal possessions and funds received by or deposited with the facility.				
F77	All disbursements made to or for the resident.				
F78	6. The financial record must be available to the resident and his/her family.				
	F. **Freedom from Abuse and Restraints**				
F79	1. Each resident is free from mental and physical abuse.				
F80	2. Chemical and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.				

NAME OF FACILITY

CODE	GOVERNING BODY	YES	NO	N/A	EXPLANATORY STATEMENT
F81	3. If used in emergencies, they are necessary to protect the resident from injury to himself/herself or others.				
F82	4. The emergency use is authorized by a professional staff member identified in the written policies and procedures of the facility.				
F83	5. The emergency use is reported promptly to the resident's physician by the staff member.				
	G. **Privacy**				
F84	1. Each resident is treated with respect, consideration and full recognition of his/her dignity and individuality.				
F85	2. Each resident is given privacy during treatment and care of personal needs.				
F86	3. Each resident's records, including information in an automated data bank, are treated confidentially.				
F87	4. Each resident must give written consent before the facility releases information from his/her record to someone not otherwise authorized to receive it.				
F88	5. Married residents are given privacy during visits by their spouses.				
F89	6. Married residents are permitted to share a room.				
	H. **Work**				
F90	No resident may be required to perform services for the facility.				

NAME OF FACILITY

CODE	GOVERNING BODY	YES	NO	N/A	EXPLANATORY STATEMENT
	I. Freedom of Association and Correspondence				
F91	1. Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.				
F92	2. Each resident is allowed to send and receive personal mail unopened.				
	J. Activities				
F93	Each resident is allowed to participate in social, religious, and community group activities.				
	K. Personal Possessions				
F94	Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.				
	L. Delegation of Rights and Responsibilities				
F95	ICF (442.312) (Standard) ☐ MET ☐ NOT MET				
F96	1. All the rights and responsibilities of a resident pass to the resident's guardian, next of kin or sponsoring agency or agencies if the resident is adjudicated incompetent under State law or is determined by his/her physician to be incapable of understanding his/her rights and responsibilities.				
F97	2. Physician determinations of incapability and the specific reasons thereof are recorded by the physician in the resident's record.				

NAME OF FACILITY

CODE	GOVERNING BODY	YES	NO	N/A	EXPLANATORY STATEMENT
	STAFF DEVELOPMENT				
F98	SNF (405.1121(h)) (Standard) ☐ MET ☐ NOT MET				
F99	ICF (442.314) (Standard) ☐ MET ☐ NOT MET				
F100	1. Facility staff are knowledgeable about the problems and needs of the aged, ill, and disabled.				
F101	2. Facility staff practices proper techniques in providing care to the aged, ill, and disabled.				
F102	3. Facility staff practice proper technique for prevention and control of infection, fire prevention and safety, accident prevention, confidentiality of resident information, and preservation of resident dignity, including protection of privacy and personal and property rights.				
	STATUS CHANGE NOTIFICATIONS				
F103	SNF (405.1121(j)) (Standard) ☐ MET ☐ NOT MET				
F104	ICF (442.307) (Standard) ☐ MET ☐ NOT MET				
F105	1. The facility notifies the resident's attending physician and other responsible persons in the event of an accident involving the resident, or other significant change in the resident's physical, mental, or emotional status, or resident charges, billings, and related administrative matters.				
F106	2. Except in a medical emergency, a resident is not transferred or discharged, nor is treatment altered radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.				

NAME OF FACILITY

CODE	PHYSICIANS' SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	PHYSICIANS' SERVICES *(CONDITION OF PARTICIPATION)*				
F107	SNF (405.1123) ☐ MET ☐ NOT MET				
	A. Medical Findings and Orders at Time of Admission				
F108	SNF (405.1123(a)) (Standard) ☐ MET ☐ NOT MET				
F109	1. There is made available to the facility prior to or at the time of admission, resident information which includes current medical findings, diagnoses, and orders from a physician for immediate care of the resident.				
F110	2. Information about the rehabilitation potential of the resident and a summary of prior treatment are made available to the facility at the time of admission or within 48 hours thereafter.				

NAME OF FACILITY

CODE	PHYSICIANS' SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	B. Resident Supervision by Physician				
F111	SNF (405.1123(b)) (Standard) ☐ MET ☐ NOT MET				
F112	ICF (442.346) (Standard) ☐ MET ☐ NOT MET **Indicators B and C apply to this standard for ICFs**				
F113	1. Every resident must be under the supervision of a physician.				
F114	2. A physician prescribes a planned regimen of care based on a medical evaluation of each resident's immediate and long-term care needs. **Exception: Not required for ICF residents**				
F115	3. A physician is available to provide care in the absence of any resident's attending physician.				
F116	4. Medical evaluation is done within 48 hours of admission unless done within 5 days prior to admission. **Exception: Not required for ICF residents.**				
F117	5. Each resident is seen by their attending physician at least once every 30 days for the first 90 days after admission. **Exception: ICF residents must be seen every 60 days unless otherwise justified and documented by the attending physician.**				
F118	6. Each resident's total program of care including medications and treatments is reviewed during a visit by the attending physician at least once every 30 days for the first 90 days and revised as necessary. **Exception: Only medications must be reviewed quarterly for ICF residents.**				

NAME OF FACILITY

CODE	PHYSICIANS' SERVICES/NURSING SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
F119	7. Progress notes are written and signed by the physician at the time of each visit, and all orders are signed by the physician.				
F120	8. Alternate physician visit schedules that exceed a 30-day schedule adopted after the 90th day following admission are justified by the attending physician in the medical record. These visits cannot exceed 60 days or apply to residents who require specialized rehabilitation schedules. **Exception: Not required for ICF residents.**				
F121	C. **Emergency Services** SNF (405.1123(c)) (Standard) ☐ MET ☐ NOT MET				
F122	Emergency services from a physician are available and provided to each resident who requires emergency care.				
	NURSING SERVICES *(CONDITION OF PARTICIPATION)*				
F123	SNF (405.1124) ☐ MET ☐ NOT MET				
F124	SNF (405.1124(c)) (Standard) ☐ MET ☐ NOT MET **Indicators A and B apply to this standard for SNFs.**				
F125	ICF (442.338) ☐ MET ☐ NOT MET **Indicators A thru E apply to this standard for ICFs except where noted.**				
	A. The facility provides nursing services which are sufficient to meet nursing needs of all residents all hours of each day.				
F126	1. Each resident receives all treatments, medications and diet as prescribed. Deviations are reported and appropriate action is taken.				

NAME OF FACILITY

CODE	NURSING SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
F127	2. Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to engage in self care activity.				
F128	3. Each resident receives care necessary to prevent skin breakdown.				
F129	4. Each resident with a decubitus receives care necessary to promote the healing of the decubitus including proper dressing.				
F130	5. When residents require restraints the application is ordered by the physician, applied properly, and released at least every 2 hours.				
F131	6. Each resident with incontinence is provided with care necessary to encourage continence including frequent toileting and opportunities for rehabilitative training.				
F132	7. Each resident with a urinary catheter receives proper routine care including periodic evaluation.				
F133	8. Each resident receives proper care for the following needs: Injections Parenteral Fluids Colostomy/Ileostomy Respiratory Care Tracheostomy Care Suctioning Tube Feeding				
F134	9. Infection Control Techniques are properly carried out in the provision of care to each resident.				

NAME OF FACILITY

CODE	NURSING SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
F135	10. Proper nursing and sanitary procedures and techniques are used when medications are given to residents.				
F136	11. Adequate resident care supplies are available for providing treatments.				
	B. Twenty-Four Hour Nursing Service				
F137	1. Nursing personnel,including registered nurses, licensed practical (vocational) nurses, nurse aides, orderlies, and ward clerks, are assigned duties consistent with their education and experience, and based on the characteristics of the resident load. **Exception: Not required for ICFs.**				
F138	2. Weekly time schedules are maintained and indicate the number and classifications of nursing personnel including relief personnel, who worked on each unit for each tour of duty. (If a distinct part certification, show the staffing for the DP and, if appropriate, any nonparticipating remainder and explain any sharing of nursing personnel.) **Exception: Not required for Freestanding ICFs.**				
F139	3. There is a sufficient number of nursing staff available to meet the total needs of all residents.				
F140	4. There is a registered nurse on the day tour of duty 7 days a week. **Exception: Not required for ICF residents.**				

NAME OF FACILITY

CODE	NURSING SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	C. Charge Nurse				
F141	SNF (405.1124(b)) (Standard) ☐ MET ☐ NOT MET				
F142	1. A registered nurse or a qualified licensed practical (or vocational) nurse is designated as charge nurse by the director of nursing for each tour of duty. **Exception: Not required for ICFs.**				
F143	2. The director of nursing services does not serve as charge nurse in a facility with an average daily total occupancy of 60 or more residents. **Exception: Not required for ICFs.**				
F144	3. The ICF must have a registered nurse, or a licensed practical or vocational nurse full-time, 7 days a week, on the day shift. **Exception: Not required for SNFs.**				

NAME OF FACILITY

List the number of full-time equivalents of RN's, LPN's, Aides/Orderlies assigned to nursing duty from the last 3 complete weeks. (Note only actual staff on duty.)

Shift		CODE	Day 1			Day 2			Day 3			Day 4			Day 5			Day 6			Day 7		
			RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A
DAY	DP	F145																					
	Entire Facility	F146																					
EVENING	DP	F147																					
	Entire Facility	F148																					
NIGHT	DP	F149																					
	Entire Facility	F150																					

Shift		CODE	Day 1			Day 2			Day 3			Day 4			Day 5			Day 6			Day 7		
			RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A
DAY	DP																						
	Entire Facility																						
EVENING	DP																						
	Entire Facility																						
NIGHT	DP																						
	Entire Facility																						

NAME OF FACILITY

Shift		CODE	Day 1			Day 2			Day 3			Day 4			Day 5			Day 6			Day 7		
			RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A
DAY	DP	F151																					
	Entire Facility	F152																					
EVENING	DP	F153																					
	Entire Facility	F154																					
NIGHT	DP	F155																					
	Entire Facility	F156																					

STAFFING PATTERN WORKSHEETS DAY OF SURVEY (OPTIONAL)

ENTIRE FACILITY STAFFING PATTERN (DAY OF SURVEY)

	CODE		RN	PN	A
DAY	F157	REPORT			
	F158	ACTUAL			
EVENING	F159	REPORT			
	F160	ACTUAL			
NIGHT	F161	REPORT			
	F162	ACTUAL			

UNIT STAFFING PATTERN WORKSHEET (DAY OF SURVEY)

	CODE	Unit			Unit			Unit			Unit			Unit			Unit			Unit		
		RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A
DAY	F163																					
EVENING	F164																					
NIGHT	F165																					
CENSUS	F166																					

NAME OF FACILITY

CODE	NURSING SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	D. **Patient Care Management**				
F167	SNF (405.1124(d)) (Standard) ☐ MET ☐ NOT MET				
F168	ICF (442.341) (Standard) ☐ MET ☐ NOT MET				
F169	1. Each resident's needs are addressed in a written plan of care which demonstrates that the plans of all services are integrated, consonant with the physician's plan of medical care, and implemented shortly after admission.				
F170	2. Each professional service identifies needs, goals, plans, and evaluates the effectiveness of interventions, plus institutes changes in the plan of care in a timely manner.				
	E. **Rehabilitative Nursing Services are performed daily, and recorded for those residents who require such service.**				
F171	SNF (405.1124(e)) (Standard) ☐ MET ☐ NOT MET				
F172	ICF (442.342) (Standard) ☐ MET ☐ NOT MET				
F173	1. Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent immobility, deformities, and contractures.				
F174	2. There is an ongoing evaluation of each resident's rehabilitative nursing needs. This may include;				
F175	(a) Range of motion, ambulation, turning and positioning and other activities;				
F176	(b) Assistance and instruction in the activities of daily living such as feeding, dressing, grooming, oral hygiene and toilet activities;				
F177	(c) Remotivation therapy and/or reality orientation when appropriate.				
F178	3. These activities are coordinated with other resident care services.				

NAME OF FACILITY

CODE	NURSING SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	F. The facility has an awareness of nutritional needs and fluid intake of residents and provides prompt assistance where necessary in feeding residents.				
F179	SNF (405.1124(f)) (Standard) ☐ MET ☐ NOT MET				
F180	1. Each resident is provided with the amount of food and fluid on a daily basis necessary to maintain their appropriate minimum average weight. Between meal feedings are offered and the amount consumed is observed. Daily food and fluid intake is observed and encouraged.				
F181	2. Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.				
F182	3. Deviations from normal food and fluid intake are recorded and reported to the charge nurse and the attending physician.				

NAME OF FACILITY

CODE	NURSING SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	F. Administration of Drugs				
F183	SNF (405.1124(g)) (Standard) ☐ MET ☐ NOT MET				
F184	ICF (442.337) (Standard) ☐ MET ☐ NOT MET				
F185	1. The resident is identified prior to administration of a drug.				
F186	2. Drugs and biologicals are administered as soon as possible after doses are prepared.				
F187	3. Administered by same person who prepared the doses for administration except under single unit dose package distribution systems.				
F188	**Exception: ICF residents may self administer medication only with their physician's permission.**				
	H. Conformance with Physician Drug Orders				
F189	SNF (405.1124(h)) (Standard) ☐ MET ☐ NOT MET				
F190	ICF (442.334) (Standard) ☐ MET ☐ NOT MET				
F191	Drugs are administered in accordance with written orders of the attending physician.				
F192	Drug Error Rate _____% (See Form HCFA-522)				

NAME OF FACILITY

CODE	DIETETIC SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	DIETETIC SERVICES *(CONDITION OF PARTICIPATION)*				
F193	SNF (405.1125) ☐ MET ☐ NOT MET				
F194	ICF (442.332) (Standard) ☐ MET ☐ NOT MET Indicators A and B apply to this standard for ICFs.				
	A. **Menus and Nutritional Adequacy**				
F195	SNF (405.1125(b)) (Standard) ☐ MET ☐ NOT MET				
F196	Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders and, to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.				
	B. **Therapeutic Diets**				
F197	SNF (405.1125(c)) (Standard) ☐ MET ☐ NOT MET				
F198	1. Therapeutic diets are prescribed by the attending physician.				
F199	2. Therapeutic menus are planned in writing, prepared, and served as ordered with supervision from the dietitian and advice from the physician whenever necessary.				
F200	Number of Regular Diets _____				
F201	Number of Therapeutic Diets _____				
F202	Number of Mechanically Altered Diets _____				
F203	Number of Tube Feedings _____				

NAME OF FACILITY

CODE	DIETETIC SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	C. **Preparation**				
F204	SNF (405.1125(e)) (Standard) ☐ MET ☐ NOT MET				
F205	1. Food is prepared by methods that conserve its nutritive value and flavor.				
F206	2. Meals are palatable, served at proper temperatures. They are cut, ground, chopped, pureed or in a form which meets individual resident needs.				
F207	3. If a resident refuses food served, appropriate substitutes of similar nutritive value are offered.				
	D. **Frequency**				
F208	SNF (405.1125(d)) (Standard) ☐ MET ☐ NOT MET				
F209	ICF (442.331) (Standard) ☐ MET ☐ NOT MET				
F210	1. At least three meals are served daily at regular hours with not more than a 14-hour span between a substantial evening meal and breakfast.				
F211	2. To the extent medically possible, bedtime nourishments are offered to all residents. **Exception: Not required for ICF Residents.**				
	E. **Staffing**				
F212	SNF (405.1125.(a)) (Standard) ☐ MET ☐ NOT MET				
F213	1. Food service personnel are on duty daily over a period of 12 or more hours.				

NAME OF FACILITY

CODE	SPECIALIZED REHABILITATIVE SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	SPECIALIZED REHABILITATIVE SERVICES *(CONDITION OF PARTICIPATION)*				
F214	SNF (405.1126) ☐ MET ☐ NOT MET				
F215	SNF (405.1126(b)) (Standard) ☐ MET ☐ NOT MET				
F216	ICF (442.343) (Standard) ☐ MET ☐ NOT MET				
	A. **Plan of Care**				
F217	Rehabilitative services are provided under a written plan of care, initiated by the attending physician and developed in consultation with appropriate therapist(s) and the nursing service.				
	B. **Therapy**				
F218	Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.				
	C. **Progress**				
F219	1. A report of the resident's progress is communicated to the attending physician within 2 weeks of the initiation of specialized rehabilitative services. **Exception: ICF resident's progress must be reviewed regularly.**				

NAME OF FACILITY

CODE	SPECIALIZED REHABILITATIVE SERVICES/PHARMACEUTICAL SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
F220	2. The resident's progress is thereafter reviewed regularly, and the plan of rehabilitative care is reevaluated as necessary, but at least every 30 days, by the physician and the therapist. **Exceptions: ICF residents' plans must be revised as necessary.**				
	PHARMACEUTICAL SERVICES *(CONDITION OF PARTICIPATION)*				
F221	SNF (405.1127) ☐ MET ☐ NOT MET				
	A. **Supervision**				
F222	SNF (405.1127(a)) (Standard) ☐ MET ☐ NOT MET				
F223	ICF (442.336) (Standard) ☐ MET ☐ NOT MET				
F224	The pharmacist reviews the drug regimen of each resident at least monthly and reports any irregularities to the medical director and administrator.				

NAME OF FACILITY

CODE	PHARMACEUTICAL SERVICES LABORATORY AND RADIOLOGIC SERVICES/SOCIAL SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	B. Labeling of Drugs and Biologicals				
F225	SNF (405.1127(c)) (Standard) ☐ MET ☐ NOT MET				
F226	ICF (442.333) (Standard) ☐ MET ☐ NOT MET				
F227	The labeling of drugs and biologicals is based on currently accepted professional principles and includes the appropriate accessary and cautionary instructions as well as an expiration date when applicable.				
	LABORATORY AND RADIOLOGIC SERVICES *(CONDITION OF PARTICIPATION)*				
F228	SNF (405.1128) ☐ MET ☐ NOT MET				
F229	SNF (405.1128(a)) (Standard) ☐ MET ☐ NOT MET				
	Provision of Services				
F230	1. All services are provided only on the orders of a physician.				
F231	2. The attending physician is notified promptly of diagnostic findings.				
F232	3. Signed and dated reports of a clinical laboratory, X-ray and other diagnostic services are filed with the resident's medical record.				

NAME OF FACILITY

CODE	SOCIAL SERVICES/ACTIVITIES	YES	NO	N/A	EXPLANATORY STATEMENT
	SOCIAL SERVICES *(CONDITION OF PARTICIPATION)*				
F233	SNF (405.1130) ☐ MET ☐ NOT MET				
F234	SNF (405.1130(a)) (Standard) ☐ MET ☐ NOT MET				
F235	ICF (442.344) (Standard) ☐ MET ☐ NOT MET				
	A. **Plan**				
F236	The medically related social and emotional needs of the resident are identified.				
	B. **Provision of Services**				
F237	Services are provided to meet the social and emotional needs by the facility or by referral to an appropriate social agency.				
F238	2. If financial assistance is indicated, arrangements are made promptly for referral to an appropriate agency.				
	ACTIVITIES *(CONDITION OF PARTICIPATION)*				
F239	SNF(405.1131) ☐ MET ☐ NOT MET				
	Provision of Services				
F240	SNF (405.1131(b)) (Standard) ☐ MET ☐ NOT MET				

NAME OF FACILITY

CODE	ACTIVITIES	YES	NO	N/A	EXPLANATORY STATEMENT
F241	ICF (442.345) (Standard) ☐ MET ☐ NOT MET				
F242	1. An ongoing program of meaningful activities is provided based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of their choice, if any.				
F243	2. Unless contraindicated by the attending physicians each resident is encouraged to participate in the activities program.				
F244	3. The activities promote the physical, social and mental well-being of the resident.				
F245	4. Equipment is maintained in good working order.				
F246	5. Supplies and equipment are available.				

NAME OF FACILITY

CODE	MEDICAL RECORDS	YES	NO	N/A	EXPLANATORY STATEMENT
	MEDICAL RECORDS *(CONDITION OF PARTICIPATION)*				
F247	SNF (405.1132) ☐ MET ☐ NOT MET				
	Content				
F248	SNF (405.1132(c)) (Standard) ☐ MET ☐ NOT MET				
F249	ICF (442.318) (Standard) ☐ MET ☐ NOT MET				
F250	1. The medical record contains sufficient information to identify the resident clearly, to justify diagnoses and treatment, and to document results accurately.				

NAME OF FACILITY

CODE	MEDICAL RECORDS	YES	NO	N/A	EXPLANATORY STATEMENT
	2. The medical record contains the following information:				
F251	a. Identification information				
F252	b. Admission data including past medical and social history				
F253	c. Transfer form, discharge summary from any transferring facility				
F254	d. Report of resident's attending physician				
F255	e. Report of physical examinations				
F256	f. Reports of physicians' periodic evaluations and progress notes				
F257	g. Diagnostic reports and therapeutic orders				
F258	h. Reports of treatments				
F259	i. Medications administered				
F260	j. An overall plan of care setting forth goals to be accomplished through each service's designed activities, therapies and treatments.				
F261	k. Assessments and goals of each service's plan of care				
F262	l. Treatments and services rendered				
F263	m. Progress notes				
F264	n. All symptoms and other indications of illness or injury including date, time and action taken regarding each problem.				

NAME OF FACILITY

CODE	TRANSFER AGREEMENT	YES	NO	N/A	EXPLANATORY STATEMENT
	TRANSFER AGREEMENT *(CONDITION OF PARTICIPATION)*				
F265	SNF (405.1133) ☐ MET ☐ NOT MET				
F266	SNF (405.1133(a)) (Standard) ☐ MET ☐ NOT MET				
F267	ICF (442.316) (Standard) ☐ MET ☐ NOT MET				
F268	A. Whenever the attending physician determines that a transfer is medically appropriate between a hospital or a facility providing more specialized care and the nursing facility, admission to the new facility shall be effected in a timely manner.				
F269	B. Information necessary for providing care and treatment to transferred individuals is provided.				

NAME OF FACILITY

CODE	PHYSICAL ENVIRONMENT	YES	NO	N/A	EXPLANATORY STATEMENT
	PHYSICAL ENVIRONMENT *(CONDITION OF PARTICIPATION)*				
F270	SNF (405.1134) ☐ MET ☐ NOT MET				
	A. **Nursing Unit**				
F271	SNF (405.1134(d)) (Standard) ☐ MET ☐ NOT MET				
F272	1. The unit is properly equipped for preparation and storage of drugs and biologicals.				
F273	2. Utility and storage rooms are adequate in size.				
F274	3. The unit is equipped to register resident calls with a functioning communication system from resident areas including resident rooms and toilet and bathing facilities.				
	B. **Dining and Activities Area**				
F275	SNF (405.1134(g) (Standard) ☐ MET ☐ NOT MET				
F276	ICF (442.329) (Standard) ☐ MET ☐ NOT MET				
F277	1. The facility provides one or more clean, orderly and appropriately furnished rooms of adequate size designated for resident dining and resident activities.				
F278	2. Dining and activity rooms are well lighted and ventilated.				
F279	3. Any multipurpose room used for dining and resident activities has sufficient space to accommodate all activities and prevent their interference with each other.				

NAME OF FACILITY

CODE	PHYSICAL ENVIRONMENT	YES	NO	N/A	EXPLANATORY STATEMENT
F280	SNF (405.1134(e)) (Standard) ☐ MET ☐ NOT MET **Indicators C and D apply to this standard for SNFS.**				
	C. Resident Rooms				
F281	ICF (442.325) (Standard) ☐ MET ☐ NOT MET				
F282	1. Single resident rooms have at least 100 square feet.				
F283	2. Multiple resident rooms have no more than four residents and at least 80 square feet per resident.				
F284	3. Each room is equipped with or conveniently located near toilet and bathing facilities.				
F285	4. There is capability of maintaining privacy in each.				
F286	5. There is adequate storage space for each resident.				
F287	6. There is a comfortable and functioning bed and chair plus a functional cabinet and light.				
F288	7. The resident call system functions in resident rooms.				
F289	8. Each room is designed and equipped for adequate nursing care and the comfort and privacy of the residents.				
F290	9. Each room is at or above grade level.				
F291	10. Each room has direct access to a corridor and outside exposure. **Exception: Not required for ICF residents.**				

NAME OF FACILITY

CODE	PHYSICAL ENVIRONMENT	YES	NO	N/A	EXPLANATORY STATEMENT
	D. Toilet and Bath Facilities				
F292	ICF (442.326) (Standard) ☐ MET ☐ NOT MET				
F293	1. Facilities are clean, sanitary and free of odors.				
F294	2. Facilities have safe and comfortable hot water temperatures.				
F295	3. Facilities maintain privacy.				
F296	4. Facilities have grab bars and other safeguards against slipping.				
F297	5. Facilities have fixtures in good condition.				
F298	6. The resident call system functions in toilet and bath facilities.				
	E. Social Service Area				
F299	SNF (405.1130(b)) (Standard) ☐ MET ☐ NOT MET				
F300	1. Ensures privacy for social service interviewing.				
F301	2. Adequate space for clerical and interviewing functions is provided.				
F302	3. Facilities are easily accessible to residents and staff.				

NAME OF FACILITY

CODE	PHYSICAL ENVIRONMENT	YES	NO	N/A	EXPLANATORY STATEMENT
	F. **Therapy Areas**				
F303	SNF (405.1126(a)) (Standard) ☐ MET ☐ NOT MET				
F304	ICF (442.328(a)) ☐ MET ☐ NOT MET				
F305	1. Space is adequate for proper use of equipment by all residents receiving treatments.				
F306	2. Equipment is safe and in proper working condition.				
	G. **Facilities for Special Care**				
F307	SNF (405.1134(f)) (Standard) ☐ MET ☐ NOT MET				
F308	ICF (442.328(b)) ☐ MET ☐ NOT MET				
F309	1. Single rooms with private toilet and handwashing facilities are available for isolating residents.				
F310	2. Precautionary signs are used to identify these rooms when in use.				
	H. **Common Resident Areas**				
F311	SNF (405.1134(j)) (Standard) ☐ MET ☐ NOT MET				
F312	ICF (442.324) (Standard) ☐ MET ☐ NOT MET				
F313	1. All common resident areas are clean, sanitary and free of odors.				
F314	2. Provision is made for adequate and comfortable lighting levels in all areas.				
F315	3. There is limitation of sounds at comfort levels.				

NAME OF FACILITY

CODE	PHYSICAL ENVIRONMENT	YES	NO	N/A	EXPLANATORY STATEMENT
F316	4. A comfortable room temperature is maintained.				
F317	5. There is adequate ventilation through windows or mechanical means or a combination of both.				
F318	6. Corridors are equipped with firmly secured handrails on each side.				
F319	7. Staff are aware of procedures to ensure water to all essential areas in the event of loss of normal supply.				
	I. Maintenance of Building and Equipment				
F320	SNF (405.1134(i)) (Standard) ☐ MET ☐ NOT MET				
F321	1. The interior and exterior of the building are clean and orderly.				
F322	2. All essential mechanical and electrical equipment is maintained in safe operating condition.				
F323	3. Sufficient storage space is available and used for equipment to ensure that the facility is orderly and safe.				
F324	4. Resident care equipment is clean and maintained in safe operating condition.				
F325	ICF (442.331(b)) ☐ MET ☐ NOT MET **Indicators J thru L apply to ICFs.**				
	J. Dietetic Service Area				
F326	SNF (405.1134(h)) (Standard) ☐ MET ☐ NOT MET				
F327	1. Kitchen and dietetic service areas are adequate to insure proper, timely food services for all residents.				
F328	2. Kitchen areas are properly ventilated, arranged, and equipped for storage and preparation of food as well as for dish and utensil cleaning, and refuse storage and removal.				

NAME OF FACILITY

CODE	PHYSICAL ENVIRONMENT/INFECTION CONTROL	YES	NO	N/A	EXPLANATORY STATEMENT
F329	K. **Hygiene of Dietary Staff** SNF (405.1125(f)) (Standard) ☐ MET ☐ NOT MET				
F330	1. Dietetic service personnel practice hygienic food handling techniques.				
F331	L. **Dietary Sanitary Conditions** SNF (405.1125(g)) (Standard) ☐ MET ☐ NOT MET				
F332	1. Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.				
F333	2. Waste is disposed of properly.				
F334	M. **Emergency Power** SNF (405.1134(b)) (Standard) ☐ MET ☐ NOT MET				
F335	1. An emergency source of electrical power necessary to protect the health and safety of residents is available in the event the normal electrical supply is interrupted.				
F336	2. Emergency power is adequate at least for lighting in all means of egress; equipment to maintain fire detection, alarm, and extinguishing systems; and life safety support systems.				
F337	3. Emergency power is provided by an emergency electrical generator located on the premises where life support systems are used.				
F338	**INFECTION CONTROL *(CONDITION OF PARTICIPATION)*** SNF (405.1135) ☐ MET ☐ NOT MET				
F339	A. **Infection Control** SNF (405.1135(b)) (Standard) ☐ MET ☐ NOT MET				
F340	Aseptic and isolation techniques are followed by all personnel.				

NAME OF FACILITY

CODE	INFECTION CONTROL/DISASTER PREPAREDNESS	YES	NO	N/A	EXPLANATORY STATEMENT
	B. Sanitation				
F341	SNF (405.1135(c)) (Standard) ☐ MET ☐ NOT MET				
F342	The facility maintains a safe, clean, and orderly interior.				
	C. Linen				
F343	SNF (405.1135(d) (Standard) ☐ MET ☐ NOT MET				
F344	ICF (442.327) (Standard) ☐ MET ☐ NOT MET				
F345	1. The facility has available at all times a quantity of linen essential for proper care and comfort of residents.				
F346	2. Linens are handled; stored, processed, and transported in such a manner as to prevent the spread of infection.				
	D. Pest Control				
F347	SNF (405.1135(e)) (Standard) ☐ MET ☐ NOT MET				
F348	ICF (442.315(c)) (Standard) ☐ MET ☐ NOT MET				
F349	1. The facility is maintained free from insects and rodents.				
	DISASTER PREPAREDNESS *(CONDITION OF PARTICIPATION)*				
F350	SNF (405.1136) ☐ MET ☐ NOT MET				
F351	SNF (405.1136(a)) (Standard) ☐ MET ☐ NOT MET				
F352	ICF (442.313) (Standard) ☐ MET ☐ NOT MET **Indicators A and B apply to this standard for ICFs.**				
	A. Disaster Plan				
F353	1. Facility staff are aware of plans, procedures to be followed for fire, explosion or other disaster.				

NAME OF FACILITY

CODE	DISASTER PREPAREDNESS	YES	NO	N/A	EXPLANATORY STATEMENT
F354	2. Facility staff are knowledgeable about evacuation routes.				
F355	3. Facility staff are aware of their specific responsibilities in regard to evaluation and protection of residents.				
F356	4. Facility staff are aware of methods of containing fire.				
	B. Drills				
F357	SNF (405.1136(b)) (Standard) ☐ MET ☐ NOT MET				
F358	1. All employees are trained, as part of their employment orientation in all aspects of preparedness for any disaster.				
F359	2. Facility staff participate in ongoing training and drills in all procedures so that each employee promptly and correctly carries out a specific role in case of a disaster.				

SKILLED NURSING FACILITY & INTERMEDIATE CARE FACILITY

SURVEY REPORT — PART B

CRUCIAL DATA EXTRACT

(To be used with 7-88 Revision of Form HCFA-519)

PROVIDER NO.	FACILITY NAME	SURVEY DATE

SURVEY TEAM COMPOSITION

*F1: INDICATE THE NUMBER OF SURVEYORS ACCORDING TO DISCIPLINE:

A.	_____	ADMINISTRATOR	H.	_____	LIFE SAFETY CODE SPECIALIST
B.	_____	NURSE	I.	_____	LABORATORIAN
C.	_____	DIETITIAN	J.	_____	SANITARIAN
D.	_____	PHARMACIST	K.	_____	THERAPIST
E.	_____	RECORDS ADMINISTRATOR	L.	_____	PHYSICIAN
F.	_____	SOCIAL WORKER	M.	_____	PSYCHOLOGIST
G.	_____	QUALIFIED MENTAL RETARDATION PROFESSIONAL	N.	_____	OTHER

NOTE: MORE THAN ONE DISCIPLINE MAY BE MARKED FOR SURVEYORS QUALIFIED IN MULTIPLE DISCIPLINES.

*F2: INDICATE THE TOTAL NUMBER OF SURVEYORS ONSITE: ____

*F193: DRUG ERROR RATE: _____% (Round % to nearest whole number.)

*SF5 Survey Form Indicator (Check one)

Traditional Survey (1) ☐ New LTC Survey (2) ☐

NOTE: PLEASE ATTACH COPY OF PAGES 2, 14 AND 15.

*Mandatory

*U.S. G.P.O. 1990-258-787